THE LANCET.

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CLINICAL LECTURE
ON
INJURIES OF THE ABDOMEN.

BY

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GENTLEMEN,—At our last meeting we were engaged in discussing the subject of idiopathic peritonitis; on the present occasion I wish to call your attention to a class of accidents which very frequently give rise to, and become complicated with, peritoneal inflammation; I allude to injuries of the abdomen; however, before entering into a minute examination of the individual cases of this description which have been admitted into the hospital within a limited period, I deem it necessary to make some general observations on wounds of this region.

Wounds of the abdomen are usually divided, in reference to the parts interested, into those which affect the parietes, those which penetrate, and those which not only enter the cavity, but injure its contents. Adopting this view of the subject, let us, in the first instance, inquire if there be any thing peculiar in the composition of the abdomnal parietes, which renders their wounds more intricate than injuries of the same extent in other parts of the body. The only anatomical peculiarity worthy of recollection, is the great quantity of tendinous or aponeurotic structure, employed in forming the anterior and lateral walls, and the respective situations of the epigastric and mammary arteries. Tendinous structure not being highly endowed with vitality is, when injured, rather slow in taking on inflammatory action, but when inflammation once becomes established, its effects are often very serious. In accordance with this doctrine, should you be called on to attend a person who had received a punctured wound of the abdomen, which had merely penetrated the sheath of the rectus muscles, you are not to view it in the light of a trifling accident, for it may so happen that inflammation will set in some days after the infliction of the injury: such being the case, you must perceive the necessity of being guarded in your prognosis, and vigilant in your attention. In a case of this kind, the wound having been regularly dressed in the first instance, the patient should be kept perfectly quiet in bed for some time, and in the event of his complaining of pain or tenderness in the part affected, in addition to the usual constitutional antiphlogistic remedies, leeches should be applied in great numbers, with a view to prevent the occurrence of suppuration, if possible; should you fail in your efforts to accomplish this object, warm fomentations and poultices are the most agreeable, and, I believe, the best applications you can employ. Here I wish to remind you, that when an abscess forms beneath a fibrous membrane, the constitutional symptoms do not suddenly subside as in other cases, nor will the matter arrive at the surface as soon as if it were otherwise circumstanced. The difference does not appear to me to depend so much on the mechanical resistance afforded by the fibrous texture, as on the scanty supply of absorbents which it receives; be this as it may, it is sufficient for our present purpose to recollect the important fact; and in practice we ought to assist nature in bringing the matter to the surface by making a free incision into the tumour, as soon as we are satisfied that suppuration has taken place. In forming an opinion on this subject, you should be guided by the length of time the patient has been ill, the œdematous feel of the tumour, and the occurrence of rigors, which in all probability will have taken place, should suppuration be established. In the event of an abscess having formed within the sheath of the rectus muscle, you have something more to apprehend than the mere irritation resulting from the confinement of matter; for, inasmuch as

the sheath is deficient posteriorly at its inferior third, it is quite possible that the matter, being firmly resisted in other directions, may gradually work its way downwards until it shall have arrived at the peritoneum, and there by its presence produce inflammation of this delicate membrane.

Your knowledge of anatomy, the situation of the injury, and the symptoms of hemorrhage, will be sufficient to guide you in forming an opinion as to whether the epigastric or mammary arteries have suffered, or otherwise, in a case of abdominal wound. I recollect having heard Doctor COLLES relate a very interesting case of this description, which fell under his observation some years back, as well as I can at present call to mind. The leading circumstances of the case were as follow:—A carpenter, whilst walking, stumbled, and fell upon the edge of a chisel which he had imprudently thrust into his breeches pocket; he was brought to Madam Steven's Hospital immediately after the accident, and on examination, a wound corresponding in size with the sharp extremity of the chisel was discovered in the lower part of the abdomen. The patient, who was pale and exhausted to a certain extent on his arrival at the hospital, gradually became weaker, cold, and pulseless, and in the course of a few hours after admission expired. On opening the body some time after death, the cavity of the peritoneum was found distended with blood, and the epigastric artery completely divided. Thus, then, gentlemen, you perceive from what I have stated, that wounds of the abdomen, although comparatively superficial, may be productive of the worst results. Dr. COLLES's patient might, in my opinion, have died of hemorrhage, although the chisel had never interfered with the peritoneum.

Let us now inquire what are the bad consequences to be apprehended from a wounding instrument having entered the cavity of the abdomen, without injuring either the viscera, or any important blood-vessel. Here I wish you to bear constantly in mind that the term "*cavity*," as applied by anatomists to the natural state of the head, thorax, and abdomen, is not in the ordinary acceptation of the word critically correct, inasmuch as the containing and the contained parts bear a strict proportion to each other; consequently, there can be no vacuum in the living body. Hence it is that we frequently find wounds in those regions, giving rise to visceral protrusion, such as hernia cerebri, hernia pulmonalis, hernia intestinalis, &c. &c. In the case of the abdomen, the relation which exists between its walls and contents is not of a passive nature; on the contrary, during respiration, the floating viscera must be kept in a state of constant motion by the alternate action of the abdominal and levatores-ani muscles on the one hand, and the diaphragm on the other. Such being the case, we can readily understand why it is that penetrating wounds are usually complicated with protrusions of the omentum and intestines; the natural lubricity of their serous surfaces supplies an additional explanation of this well-known fact. Let us now suppose a case in which a penetrating wound of the abdomen has been inflicted, and that a portion of intestine and mesentery protrudes, and inquire what the surgeon ought to do when called on. He should, in the first instance, ascertain by a careful examination whether the protruded intestine had been wounded or not, and when satisfied in the negative, he should at once proceed to return it into the abdomen. For the accomplishment of this object the patient should be placed on his back, with his knees drawn up, and his head and chest somewhat elevated and supported by pillows. By this posture the abdominal muscles will become relaxed, and the prominence of the lumbar vertebræ diminished, consequently the abdominal space increased as far as possible for the reception of the viscera. This preliminary step having been taken the surgeon should now take hold of the displaced parts, and draw out a little more of the intestine, with a view to break down any adhesions which may have formed between it and the margins of the wound; however, if he were called on immediately after the accident and consequently before inflammation or adhesion could be established, this mode of proceeding will be quite unnecessary, and he may at once commence the work of reduction. This object is best accomplished by pushing in first the part which came out last with the index-finger of one hand, which should not be withdrawn until replaced by the corresponding finger of the other. In this way the practitioner ought to persevere with the utmost patience and coolness, returning portion after portion, until the entire volume shall disappear. Gentlemen, when you meet with a case of this description, if you be not very circumspect, you may commit a great mistake by supposing that you are returning the protruded parts into the abdomen, when in reality they are passing either into the sheath of the rectus muscle, or into what is still a more probable, although not a less dangerous receptacle, and that is between the posterior surface of the abdominal muscles and

their peritoneal lining. Here I wish to remind you of a patient of mine who was admitted into this hospital under the following circumstances. The man's name was Salmon, a butcher by trade; whilst engaged in an altercation with his wife, she stabbed him in the abdomen with rather a narrow knife with which he had been killing a calf; he was conveyed to the hospital immediately after the infliction of the wound, and Mr. O'Reilly and I saw him soon after admission. We found him suffering from anxiety and apprehension, with about nine inches of small intestine hanging from the wound, which was not more than three-fourths of an inch in length; we at once set about returning the protruded bowel, and after much trouble and forty minutes' perseverance we succeeded in putting it out of sight. The lips of the wound in the integuments were now brought together, and retained in this position by adhesive plaster, compress, and bandage. This man died of peritoneal inflammation forty-eight hours after the accident, and on examining the body I found a great portion of the intestine which had been protruded placed between the abdominal muscles and the peritoneum. Here a question suggests itself as to whether the intestine might not have been, in the first instance, fairly introduced into the cavity of the peritoneum, and subsequently forced out through the wound in this membrane; the wound in the integuments being closed, it might insinuate itself into the situation in which it was found. In support of this view of the case, I must state that there was no appearance of strangulation whatever exhibited by the incarcerated intestine. On the other hand I don't think it probable that the action of the muscles of respiration would be sufficient to separate the peritoneum from its attachment to the abdominal muscles, I am, therefore, inclined to the opinion that the protruded parts were never completely reduced, and that the detaching of the peritoneum, and the consequent formation of the unnatural recess which contained the intestine, was the result of our efforts to effect this object.

When the protruding viscera have been safely lodged in their natural residence, some surgeons are very partial to the employment of sutures in keeping the lips of the wound firmly together in order to prevent a recurrence of the protrusion: although I am ready to admit the force of this argument in favour of the use of sutures when the wound is so extensive that it cannot otherwise be effectually closed, yet I am convinced we should have recourse to them as seldom as possible. It is a fact well known to surgeons of experience, that sutures, when introduced into tendinous parts, are apt to excite a bad description of inflammation; and if inserted into muscular structure, spasm and convulsion are the usual consequences.

Let us now suppose the wound to be properly dressed. What are the dangerous effects which the practitioner is to apprehend, and the best method both of averting their occurrence, or of treating them should they unfortunately take place? He should calculate upon the supervention of peritoneal inflammation, as the ordinary consequence of such an injury as we have been supposing to exist: accordingly, the antiphlogistic plan of treatment, in the fullest sense of the term, should be adopted as soon as the patient shall have recovered from the shock of the accident, with a view to prevent, if possible, the establishment of this formidable symptom. You may remember, that at our last meeting I mentioned to you that next to bloodletting, calomel and opium were deemed the best remedies for peritonitis.

When penetrating wounds of the abdomen affect the viscera or large bloodvessels, there is much reason to apprehend extravasations of some kind into the cavity of the peritoneum, such as blood, bile, urine, or the contents of the alimentary canal. Effusions of blood are more likely to result from wounds of the solid than those of the hollow viscera; for this obvious reason, that the former are more abundantly supplied with bloodvessels than the latter. The circumstances which ought to be taken into consideration, and guide our judgment in forming an opinion as to whether blood had been extravasated or not, in a case of abdominal wound, are, the history of the accident, the particular situation in which it occurred, and the concomitant symptoms. For instance, if a man received a stab of a sword in the region of the liver, or spleen, and the usual symptoms of internal hemorrhage, such as prostration of strength, palidity of countenance, coldness of the skin, and feeble pulse, together with an unnatural degree of fulness in the neighbourhood of the injury, quickly followed the infliction of the wound, there could be little doubt that extravasation of blood to a considerable amount had taken place. What should the surgeon do in such an embarrassing case as this? The practice recommended now-a-days, is to open a vein in the arm at once, with a view to produce syncope as speedily as possible, and in this way interrupt the hemorrhage and afford time for the coagulation of the blood already effused. The patient should be kept perfectly quiet and cool, and closely

watched, lest in the event of reaction taking place it might be necessary to have recourse to the lancet a second or even a third time. Should a recovery be effected in a case of this description, the following pathological phenomena must have occurred in the neighbourhood of the wound. The effused blood having first coagulated, afforded a sort of barrier, which was sufficient, under the circumstances, to resist the feeble impulse of the heart's action, and in this way arrest the bleeding in the first instance: in the course of a few hours inflammation set in, and the effusion of lymph at the mouths of the wounded vessels superseded, in some degree, the necessity of the blood's presence; accordingly the absorbents began to effect its removal, whilst the wounded vessels were being closed up by the adhesive inflammation. I have been thus particular in detailing the various changes which take place during the curative process, in order to show you the erroneous nature of the practice adopted by the old surgeons in such cases as I have been describing. They recommended in all cases of internal hemorrhage, caused by wounds, whether the extravasation had taken place into the thorax or abdomen, a free incision to be made into the part involved, with a view to effect its removal; and in some instances they even went so far as to advise the washing out of the cavity, in order that a single particle of blood might not be left behind. It is scarcely necessary to point out to you the mischievous tendency of such absurd advice; you must perceive from what I have already stated, that the effused blood is useful in arresting the hemorrhage, consequently whatever tends to displace it, will be favourable to the continuance or renewal of the bleeding; and, again, the pernicious practice of injecting fluids into serous cavities for the purpose of washing out blood, which is comparatively speaking a mild substance, and removeable by the action of the absorbents, is so opposed to the laws of the animal economy, the principles of surgery, and common sense, that it would be an idle waste of time to enter into a formal refutation of a doctrine which has long since become obsolete.

Extravasations of bile, urine, feces, or chyle, into the cavity of the peritoneum, are usually productive of fatal consequences: the two former, from their fluidity and acrimonious qualities, are much more likely to become diffused and excite peritoneal inflammation than the latter: however, it is a fact well known, that the hollow viscera may be extensively wounded and no escape whatever of their contents take place: in proof of the truth of this statement I could relate to you many cases as reported in the works of military surgeons, but this I deem unnecessary, as the point in question is generally admitted. I recollect one very interesting case myself, which occurred some years back a few miles from Dublin, in which there was good reason to suppose the intestines were wounded in several places, and yet no extravasation of their contents occurred: it was that of an unfortunate man who attempted to commit suicide by throwing himself on the point of a small sword: the instrument entered the abdomen near the umbilicus, and passed directly backwards through the cavity, and ultimately projected some inches beyond the integuments in the neighbourhood of the spine. The late Mr. Thomas Roney, whose apprentice I was at the time, was immediately sent for; and on his arrival the friends of the patient stated to him that they removed the sword with a good deal of difficulty, as it was so firmly fixed in his body. Mr. R. thinking that deception or misrepresentation was possible, inquired and examined into the circumstances of the case with all the address, discernment, and ability, which he was known to possess to an eminent degree. He found the sword stained with blood from one end to the other, the anterior and posterior wounds in the integuments to correspond; and after the fullest investigation, he was convinced of the truth of the original statement. The case was treated in the usual way, and, strange to relate, the patient recovered in a few days without having had any bad symptom whatever.

Let us now ask why the contents of the intestines do not always escape when their parietes have been completely divided. For a satisfactory explanation of this important fact, the profession are much indebted to Mr. Travers of London, whose able work "on Injuries of the Intestines" I beg to recommend for your attentive perusal. According to this gentleman's experiments and observations, the following are the chief steps taken by nature to prevent extravasation in cases of this description. On the removal of the wounding instrument, the lips of the wound become everted by the action of the muscular fibres, so that the thick mucous membrane assists in filling up the breach. At the same moment that this is being accomplished, the neighbouring convolution of intestine is forced by the action of the muscles of respiration into the situation previously occupied by the wounding instrument, and in this way co-operates with the everted membrane in preventing immediate effusion. In the course of a few hours, inflammation will be established, and lymph shed from the serous surface around the wound;

this lymph quickly becomes organized, and the aperture in the intestine permanently closed by the adhesion of the adjoining convolution. Thus, then, you may perceive that the lips of the wound never become united *directly* with each other, as in cases of simple incised wounds of the integuments and elsewhere; but that it is through the medium of the peritoneal coat of its neighbour that the wounded intestine is rendered capable of performing its wonted functions.

When the hollow viscera become ruptured from falls or blows on the abdomen, or the passing of a heavy body, such as a cart or carriage, over the trunk, extravasation is much more likely to occur than in the case of a wound; for this obvious reason, that the violence is continued after the rupture has taken place, and forces the contents of the injured viscus out through the opening.

Severe injuries of the abdomen are usually succeeded by sickness of stomach, prostration of strength, paleness of countenance, feeble pulse, and, in some instances, a discharge of blood, either from the stomach or bowels. When this last symptom exists, there is much reason to suppose that lesion of the alimentary canal has taken place; acting under this supposition, the practitioner should not prescribe cathartic medicines, lest by their operation they might produce an extravasation of feculent matter, which, under opposite circumstances, would not perhaps have occurred. Let us now suppose a case of penetrating wound of the abdomen, in which a portion of intestine, cut completely across to the mesentery, presents itself externally, and inquire what the surgeon ought to do under such circumstances. Gentlemen, you will meet with much discrepancy of opinion when you come to read the various works which treat of this subject, as to what is the best line of practice to pursue in such a case as I now submit for consideration. Some of the old surgeons, amongst whom Ramdohr stands foremost, recommend that the superior portion of the divided intestine should be introduced some distance into the inferior, and retained there by means of sutures. The objections to this mode of proceeding are manifest and incontrovertible; in fact the practice in question was conceived in crude notions of mechanism, and in ignorance of the principles of pathology. It would be utterly impossible to introduce one portion of intestine within the other, unless a separation between the mesentery and the former were first effected; this could not be accomplished without destroying some of the mesenteric arteries, and thereby causing a serious hemorrhage. Again, the difficulty of sewing, or otherwise securing, in a satisfactory manner, the invaginated portion, must be very great; but, above all, the expectation that a serous and a mucous membrane would become incorporated, by the ordinary process of adhesion, is an idea not entertained by any well-informed surgeon of the present day. Mr. John Bell would connect the detached pieces by a point or two of interrupted suture. Sir Astley Cooper and Dr. Thompson would employ numerous points, in order to prevent effusion; whilst Mr. Travers, for the same reason, recommends that the lips of the intestinal wound should be carefully brought together with a sewing needle and a thread of silk. This being done, the thread is to be cut short, and the intestine returned into the abdomen, and the external wound dressed in the manner I have already described. You may naturally ask what ultimately becomes of that portion of the ligature which remains connected with the wounded intestine. According to the experiments and observations of Dr. Thompson, Mr. Travers, and others, the ligature is disposed of in the following manner:—some hours after the replacement of the injured bowel, inflammation becomes established, and lymph is thrown out in the neighbourhood of the wound in sufficient quantity to cover the ligature externally, and at the same time to connect the contiguous portions of sound intestine to the injured one. In the course of some time ulceration will take place under the ligature, and proceed from the serous towards the mucous membrane, until it will make its way into the cavity of the intestine, and finally pass out of the system with the ordinary contents of the bowels. You are not to suppose that the lips of the wound in the intestine ever become directly united with each other, so as to have the continuity of the canal re-established, as it originally existed. Such is not the fact, the reunion of the divided portions is effected by the connexion formed between them and the surrounding parts, through the medium of adhesive inflammation. The opinions entertained, and the practice recommended, by the writers I have just named, are, I believe, those generally approved of and adopted by the surgeons of the present day. Gentlemen, I find that I have already occupied much of your valuable time with general observations, and must, therefore, postpone the discussion of the individual cases which I intended submitting for your consideration to-day, until our next meeting.

INCARCERATED HERNIA

COMBINED WITH HYDROCELE.

To the Editor of THE LANCET.

SIR,—I shall feel obliged by your inserting the following case in your weekly publication. I am, Sir, your obedient servant,

JAMES MASH, House Surg.
General Infirmary, Northampton,
Sept. 4, 1835.

Thomas Gurner, a labouring man, aged 66, was brought to the General Infirmary, August 24, with an incarcerated oblique inguinal hernia of the right side which had existed for two days; the taxis having been unsuccessfully used by a medical practitioner in the village from where he was brought. The patient stated that he had been afflicted with a rupture for several years, which frequently came down, notwithstanding he wore a truss, but was always able to return it until the present time. He now vomited fecal matter, the bowels were confined, and there were pain and tenderness on pressure; pulse 96. Tumour very tense and about the size of a man's fist.

He was immediately put into the hot bath at a high temperature of heat, where he remained upwards of an hour, and was bled very copiously, until syncope was produced; the taxis was then applied with great patience and perseverance, and at last succeeded in reducing the hernia, but, much to my surprise, a large tumour still remained. Suspecting it to be of a different character, I called for a lighted candle, and found it to be hydrocele.

The patient was immediately put to bed, and a truss was applied to the external abdominal ring. Several common glysters were then given to him, which produced copious evacuations; and the patient is now perfectly well, and the hydrocele has not yet been meddled with.

FURTHER THOUGHTS ON THE CAUSE OF

SEXUAL DISTINCTION.

To the Editor of THE LANCET.

SIR,—A recent writer in your pages, named "Fi-fum-Kong" is probably a descendant of that far-famed Chinese philosopher "Con-fuse-us," for certainly some of the "wise saws and modern instances" which abound in his animadversions would well become even the most illustrious *illuminati* of the Celestial empire. It is to be hoped, Sir, that notwithstanding we lesser lights are required to "hide our diminished heads," we may yet be allowed to twinkle a little under the canopy of your protection. In this hope the following observations are hastily put to paper, just as they presented themselves while perusing the letter of your able correspondent. They are submitted with great deference to him and your numerous readers,—not from any idea that they contain a sufficient answer to all his objections, but simply with a view of preventing a *hiatus* in the consideration of so interesting a subject.

If subjects are remote or approximate in proportion to our ability to comprehend the nature of an originating impulse, all the inquisitive subjects of the scrutiny of human intellect must be equally distant from demonstration, because, in such a case, neither analogy nor intuition can come to our aid. If we ask *why* or *how* one thing produces another, we venture beyond our pale, but if we merely inquire what thing stands in the relation of a conditional cause to another, we remain within the legitimate sphere of science. *Why* two and two are always four, we cannot conceive; but that two halves are equal to the whole, and that things equal to the same thing are equal to one another, we cannot help believing. The question is not, or should not be, "What is the primal cause of sexual distinction?" for reason at once refers it to the Creative Will. The fair inquiry is, "Under what physiological conditions of the parents are varieties of sex in the fœtus determined?" Perhaps we ought not to suppose that parental condition produces disposition to specific sex, any more than fitness of soil begets the germinating seed. In both instances the tendencies to development are predetermined, and the process advances according to the order of fixed laws, favoured, doubtless, in its progress by an appropriate *nidus*. Into the character of those laws which are manifested by facts we may very consistently inquire; and although the doctrine of *sexogenesis* be allied to alchemy, if we found it upon blundering surmises in the vain hope of arriving at impossible conclusions, yet if deduced from observation and experiment, it becomes at once related in certainty of result to the science of chemistry. We should not forget, moreover, that analogy induces many fortunate analyses, and that suggestion generally precedes discovery. Indeed we should in most cases remain uninformed, unless we were excited to inquiry by the hope of eliciting evidence from whatever offers the least likelihood of response.

All science is grounded on the same principles, and if investigation must educe good, either directly or indirectly, it surely may be reasonably encouraged, especially when it cannot result in evil.

There is a vast difference between comprehending a cause and recognising it. To know *why* one thing causes another, is indeed not only to perceive a design before its beginning, but also to anticipate the *modus operandi* of Omnipotence—in short, to possess the mind of the Creator; and therefore to talk of such knowledge as belonging to ourselves, is ignorantly presumptive. But to trace the links which constitute the chain of causation, as existing in the affinities and relationships of formation and function, is the very business of right reason, and therefore must be useful. Five senses have hitherto sufficed for this purpose, and neither a sixth nor a seventh is wanted in this world, since we can deduce causes and consequences enough to employ us without them.

Whether a man should have any philosophical idea of what will result from his activity, when impelled by sexual instinct, has nothing to do with the inquiry as to the cause of sex. The extent of contrivance under such circumstances is to gratify passion, not to model a fœtus, as everybody knows. The question is, Shall we, on calm scientific investigation, be able to ascertain the conditions under which the different sexes are developed, and are we qualified to detect the subsidiary agencies which promote their peculiar organization? So that "Fi-fum-Kong's" pointed and polished sentences, fall like harmless arrows, beyond the mark.

According to "Philoneuron's" notion, sexuality depends on cerebral development. Then, on what does cerebral development depend? On itself. That is the end of his argument. Any monster without a brain equally proves the absurdity of that argument. Every part of fœtal form must, in fact, depend on the same causes as generation—that is, on the fitness of parental organization to perform its function. It is a law of nature that an offspring, if perfect, should resemble the progenitors, so that it is manifest that the *embrion* receives an impression of some sort from the parents. Diseases are hereditary, as well as are peculiaries of feature, form, and faculty. Why may not sex be derived in the same manner? Because if it were, children would generally be hermaphrodites, for as in other respects, they resemble both parents, so they would in this. Sexual malformations do not exhibit any real confusion of sex, but merely either an arrest or an exaggeration of specific development. The most remarkable examples of the prevalence of parental impression on offspring are afforded by hybrid animals. It is evident that in these results of unnatural connexion, the male parent influences the organization of the fœtus even more than the female, and yet never so far as to determine the sex. In the mule there is confusion of species, but not of sex, since, though imperfect, it is always after the type either of male or female.

Whether we adopt the hypothesis of *epigenesis*, "homunculi semine masculino," or ovation and evolution, we are equally at a loss on this subject. Modern science explodes all but the theory according to which the ovum receives nothing from the "aura seminalis" but appropriate stimulus. This can scarcely be all the truth, since the male begets his own likeness, for which this stimulus does not account; yet, if the sex were determined by the vigour of the parent, sheep breeders &c. must have had abundant opportunity to settle the question long ago, but it does not appear that they have.

Another argument against the above suggestion is derived from the consideration that distinction of sex is not an accident in a race, but an essential condition; and if all other essentials to a perfect being must exist "primodum primordio, in ovo," previous to development, so also must this.

The maintenance of sexes is essential to the preservation of species, and therefore must depend on those laws which regulate the species, and cannot be subjected to accidents of connexion. Besides, there is so nice a balance preserved *en masse* between the relative numbers of either sex, as cannot be attributed to the fortuitous intercourse of individuals, unless we suppose their affections to be regulated by laws which are put in force for the express purpose of securing the due proportion of sex. Reasoning, therefore, on the few data that we possess, we should naturally conclude that the ovum contains the rudiments of a determined sex before impregnation. Here a tempting subject of speculation presents itself, into which, did your limits allow, we might enter with some interest. It is this, whether the ovary from which the ovum is detached determines the sex of the embrion. If so we should perceive another reason for the dual organization of animated nature. Has it been disproved? If not, it might readily be put to the test by half-spaying a number of animals. But another oppor-

tunity will, with your permission, Mr. Editor, best serve for the consideration of this subject. I remain, Sir, respectfully, your obedient servant, ?

Camberwell, Aug. 31, 1835.

NEGLECT OF PATIENTS AT HOSPITALS AND DISPENSARIES.

To the Editor of THE LANCET.

SIR,—Although you have rendered essential, nay, incalculable advantages, to the cause of humanity by the improvements that your powerful pen has produced in the medical department of our hospitals and dispensaries, the good work of reform is not yet completed; and as it appears from the reports of the late parliamentary evidence, that the medical officers of our metropolitan charities consider themselves to be little short of absolute perfection, it would be desirable that you should point out to them those grievances of which the public have still a right to complain. In illustration of the culpable neglect with which they treat their out-patients, I would call your attention to the following cases which recently came under my notice.

I was desired to see a child between three and four years of age, who was suffering from abdominal disease. The child had remittent fever, with deranged stomach and bowels, and considerable emaciation, and was at that time an out-patient of one of our large hospitals; but the physician only saw him once a week, when, after a delay of from one to two hours, he put two or three questions to the mother, and gave a prescription, which she took to the apothecary's shop, where she received a large packet of powder, without any direction affixed; a scrap of paper was, however, given at the same time, directing that the paper of powders was to be divided into *fourteen* doses; one dose twice a day.

Now I would defy the best dispenser in London to abstract from a large paper of powder one fourteenth part, with anything like accuracy. If, therefore, the regulated dose was of any importance, the apothecary neglected his duty in not dividing the powders. If it was of no importance, the physician did not properly discharge his duty in allowing the child to linger on until the mother was hopeless of its recovery, for by regular daily attention in the course of a fortnight he became convalescent. Moreover, be it remembered, that the physicians of these large hospitals, in their capacity of censors of the College of Physicians, are bound to visit the shops of the London practitioners, where they expect to find scales turned by the fraction of a grain, while their own prescriptions might be as well prepared with a spoon or a ladle.

The second case was that of an infant under three months of age, with inflammation of the mucous membrane of the bowels, mesenteric disease, and aphthous affection of the mouth. It was attended by a dispensary physician, and had received from the dispensary about *four* ounces of a thick mixture, without any direction, together with a powder, to be taken each night, sufficient to fill a teaspoon. Besides this, the mother was ordered to use the hot bath at her discretion, to apply a leech, and to give a teaspoonful of sirup of poppies. This latter article is so various in its strength, so injurious and not unfrequently fatal in its effects, that its employment in the diseases of children ought to be entirely abolished; the tinct. opii is a much more certain and more manageable article; but medical men, as well as mothers, would do well to avoid the constant exhibition of opiates in infancy, where they are so ill borne, and, in fact, very seldom required.

Now, Sir, I contend that practice such as this, is doing great injustice to the poor, and still greater to those pupils who are taught to look up to these places as patterns of perfection. If "charities" are unable to render sufficient assistance to prevent the diseases of children from running on unwatched for a week at a time, and then administering remedies almost at random, they should limit the number of their patients, for it is quite clear that no private practitioner who thus neglected his patients would long retain any practice; and well indeed may the apprenticeship system be complained of, if we are to test it by such tuition as can thus be afforded in the course of it. The degrading occupation so frequently referred to, of saddling a master's horse, would be less injurious to the young pupil than these loose and desultory habits.

I am, Sir,

CIVIS MEDICUS.

London, September 7th, 1835.

CULTIVATION OF SCIENCE

BY THE

PROFESSORS OF MEDICINE AND LAW.

To the Editor of THE LANCET.

SIR,—I feel no hesitation whatever in making this call upon you. You or your contributors have sailed somewhat out of your latitude, and I, though one of the uninitiated, may be permitted the same license. I throw myself (for publication) on the liberality of THE LANCET, which has been so often boasted as the champion of the utmost freedom, and as affording an open field for the most unlimited discussion, and which, I am bound to add, has often acted up to its professions, unlike some other liberals, whose deeds by no means square with their declared sentiments.

In an article professing to treat of the last meeting of the *British Association*, you introduce a long, elaborate, and severe attack on the education, degree of knowledge, and state of mind, of the members generally, of what has hitherto been esteemed the first of the liberal professions. There is some foundation, I admit, for your criticism, but whether it justifies the extent to which your correspondent has gone, and his speculations thereupon, is another question, upon which I do not feel inclined to enter at present; admitting however the evil to exist, as it does, without question, to a certain extent, the remedy of it is one of the many advantages which I am sanguine enough to expect will arise from that glorious instrument of good, the *British Association*. Your philosophical correspondent, for such his effusion bespeaks him, has the candour to acknowledge also, that amongst the members of the medical profession who rejoice in the appellation, "par excellence," of "*the faculty*," (a *soubriquet*, which in very many instances I am sorry to say might justify the smile of scepticism, if not of ridicule,) there exists an evil of a very similar nature, if not identical in kind and degree.

When things are carried on in such a candid and philosophical spirit—where the object is to discover the defects and evils of our system,—not from a malignant desire to hold them up to public reprobation and odium, but that we may know them, and, knowing, turn our attention to the cure, and so indulge the high office of increasing human knowledge, and, of consequence, extending human happiness,—no man can or ought to feel offence at the conclusions come to, even though they should touch him on a tender point. For my own part, I take all in the most perfect good-humour; I admit the evil and deplore it, not merely on its own account, and its effects upon the profession of the bar, but for its reflected operation on medical science, a matter which obviously concerns more nearly the public good.

From very many causes not necessary to be gone into at present, the profession of the bar forms a most important, perhaps the chief, element of society in Dublin. Its members are, of consequence not only the patrons and employers of the medical profession, but the artificers of medical reputation also, for their opinion gives considerable tone to that of the community: they are, as it were, the impanelled jury, who are to pronounce their verdict before God and their country, while each medical man, *in his game of life*, may be looked upon in the light of an *advocate* (his own advocate), and the question at issue is medical reputation. Thus medical men are at once placed in the position, not of seekers after truth and justice, but of mere *advocates*, whose only object is the interest of their clients, their own interest in their dexterous pleading, to forward which it is not unlikely they will sometimes forget the objects of true philosophy, and rest contented with what will fulfil all their ends as well, and is obtained with far less labour, viz., the *mere character* for science. It too often happens in other suits, (it must and frequently does occur in this, where there is no presiding judge, firm in purpose, dispassionate in conduct, clear and unbiassed in intellect, to direct the astonished jury, and strike the balance between advocacy and equity,) that the most powerful and adroit advocate carries a triumphant verdict at the expense of truth and justice,—an evil which we must continue to meet daily, so long as the juries whom we have imagined, have to pronounce on questions of which they have no adequate knowledge, as the argument admits, or are destitute of the assistance of constitutional judges. It may be said, that the medical corporations complete the deficiency of the supposed analogy: they *ought* and perhaps *might*, but for their universally admitted corrupt condition; in fact I believe I am quite safe in saying, that managed as they now are, they are pretty generally allowed to throw their weight into the opposite scale, contributing to forward the interests of the noisy and dexterous pretender, rather than those of the grave, learned, and modest philosopher.

This is a great, a crying evil: it is not that the medical profession must be injured as a calling; it is not that individual

merit goes unrewarded, and sees with sorrow and vexation its honours borne away by undeservers: this might be endured; but it must be quite evident that such a system wars against medical philosophy, and of course nullifies and destroys all the innumerable public benefits that must result from the due cultivation of medical science. And here, if I am to be candid, I must declare that this is not mere speculation, but that the system *has* produced the very fruits which reason and argument would lead one to expect. Medical science is not generally cultivated here; there are but few medical philosophers, in the true sense of the term, in Dublin; nor can it be otherwise, so long as they have no independent and discriminating tribunal, before which to lay their claims, and from which to receive their well-merited reward.

No doubt, to the unspeakable honour of human nature, there ever will be in this as in other callings, some few, who, even in silence and solitude, and among the most disheartening difficulties, will travel the rugged uphill path of science, urged by no other stimulus but the love of truth, seeking no other reward than that which results from the nobleness of their pursuit; but the number of these must necessarily be small; to swell the little chosen band to a multitude you must add the stimulus of self-interest, you must distribute, as rewards, this world's goods and honours; and this upon the judgment of an honest and a competent tribunal.

But if we are deficient in medical philosophers, as all must admit who mean any thing more by the term than a mere knowledge of human, with perhaps a sprinkling of comparative anatomy, a certain acquaintance with disease,—which, however connected with reasoning in theory, is assuredly empiricism in practice,—together with a quantum sufficit of chemistry, and perhaps a sprinkling of botany, for such constitute the medical man very generally, we are by no means stinted in a supply of persons who are quite alive to the value of a character for science, and who leave no arts unemployed to obtain "the consummation devoutly to be wished." These persons, men of small minds and less acquirements, who feel no regard for philosophical truth, who care not a button for all the science in the world, who merely trade upon "character," are to be found obtruding every where. Their reputation is to be made, and they never stop pushing and driving and manœuvring until they gain their ends, to wit, the exclusion of all competitors, the management and *patronage* of whatever body they thus take by storm, a reputation for science, and a consequent improvement in practice. These individuals contribute but little themselves to extend the boundaries of knowledge, while they operate as a great bar to its furtherance by others: a vicious system has called them into existence, and they gratefully improve upon that system, by banishing, in a measure, all genuine philosophers whether medical or otherwise from the field. This likewise is an evil of great magnitude, which I trust will be much alleviated, if not entirely eradicated, by the British Association.

There are in this city a knot of doctors and surgeons, whom it would be easy to point out, who are most offensive in this respect; they are to be found in all places of scientific resort; they monopolize to themselves all character for science and knowledge; are most loud in their own praise; and (to believe themselves) concentrate in their own persons all that has flourished in the brilliant series from Esculapius and Hippocrates to Bichat and Cuvier inclusive; and yet it would be an easy matter, even for one uninitiated, to demonstrate their complete shallowness on whatever topic they might select as that on which they are best calculated to shine. A competent and unflinching tribunal is now brought to their doors; these would-be philosophers, these tradesmen in science, will now be reduced to their proper dimensions, or forced in good faith to become what they have too long pretended, and, on very easy and profitable terms, passed for. Too long have they played the triton among the minnows, to the great detriment of science, and the grief of all true philosophers. It will now be seen whether they deserve an honourable appellation, even among that limited section which their doings have not tended to raise much in the estimation of the cultivators of knowledge in general. Did the British Association promise nothing more than this purgation, it would deserve the gratitude and support of all true Irishmen.

Though perfectly assured of the truth of these sentiments, I should not nevertheless have ventured on their expression, were they not sanctioned by the opinions, come to with sorrow of several grave and learned members of the medical profession, admirable alike for their original gift of mind, extensive acquirements, and liberal and refined tastes, who sacrifice all narrow prejudices and bigoted feeling to general principle, the extension of human knowledge, and the increase of human happiness. The conclusion I would come to is this, that there are among the other liberal professions as many genuine cultivators of philosophy, as many searchers after truth

for truth's sake, as many ardent admirers of science, as many workmen willing and anxious to extend the bounds of human knowledge and human happiness, as are to be found adorning the followers of the healing art; but that not finding it their interest to gain such character among the public, they are more modest in their bearing, more moderate in their pretensions, less obtrusive in their character, while they are animated with a more liberal and refined taste, the unerring consequence of a more extensive acquaintance with literature, history, and dialectics, and possess a more general knowledge of physics and mathematics, which, strange to say, are entirely neglected, as I am informed, in medical education, except amongst those who have taken a university degree, which forms but a small portion of the profession.

I hope I shall not be supposed to be impelled in these remarks by anything so contemptible as the sectarian prejudice that might animate one profession against another; such a feeling would indeed be unworthy of any one laying claim to the character of philosophical reformer, and capable of lifting his eyes from the narrow schemes of paltry party and vulgar faction, to the broad, the unbounded field of general improvement and general utility. No one holds in higher estimation than I do the medical section of philosophy; it is most noble, most comprehensive in its grasp, most useful in its results and objects, and affords the widest and most interesting field for the greatest genius; none is more anxious than I am to see it established on its proper foundation; but we must all confess that, from its peculiar nature, it is most apt to be infested with ignorant quacks and designing pretenders, who would "deceive even the elect." My object has been simply truth. I have not made mere accusations with a view to condemn, but I have stated facts, and traced them to their causes, with a view to reform. I wish the case to be stated truly, and on the broad principle contained in the line with which I conclude;

"Homo sum, humani nil a me alienum puto."

LEX.

Dublin, Sept. 3, 1835.

DR. CLANNY'S SAFETY-LAMP.

To the Editor of THE LANCET.

SIR,—If I was astonished at the incorrect communication inserted in the Medical Gazette for the 8th of August, I was still more so when I read the Editor's comments inserted at the same time with my reply in the following number of that journal. Be it known that I never intended in my reply to identify the Editor of the Medical Gazette with *that* report, as I considered and do still consider it to be the production of those concerned in uprearing a well-puffed safety-lamp. I acknowledge that when more at leisure than at the moment when I wrote my reply, I found that this "one-sided report" was given by way of "Leader" in the said number.

I did not expect that the Editor of the Medical Gazette would have showed such virulence of disposition towards me. So many years having elapsed since the *colerasmachiæ*, I vainly thought I might have escaped such unjust animadversion. I certainly was indignant at the trick played upon me by J. Roberts, and shall so continue to the last moment of my existence.

In this "Leader" when giving an outline description of my new safety-lamp, we find the following words:—"In this sort of lamp a wire run across the gauze, from side to side, which fuses when 'strongly' heated by the flame within, &c." Now this is not the fact, for the piece of wire is so fine in texture, that the weakest light-giving flame fuses it, as J. Roberts would readily understand from my printed evidence before the Committee of the House of Commons, and also from the said safety-lamp being so frequently before his eyes at the Committee-room. As to the courteous Editor's hint of my "making my reply an advertisement for matters *behind the scenes*," I deny it *in toto*, as I never showed or intended to show the communication to any person whatever, only intending that the "bane and antidote" should follow each other. And as to the equally civil remark, viz., "A bit of silly impertinence at the end, we took leave to strike out," I beg leave to make known, and now give the words "struck out," as nearly as my memory permits;—"I rejoice that I have seen and been enabled, before I leave town, to show these persons up, in their proper colours!" As the Editor took the cap for his own wearing, I am not surprised that he kept this paragraph out of his conservative

journal. He was in this perfectly right—*O si sic semper!*

I now come to J. Roberts's doughty reply, in which he hints at my "wrath." I deny having any wrath towards this man, though he performed a most scurvy trick to me to serve his own ends. I do not deny that I was angry, but I was "angry with reason."

I enclose you, Mr. Editor, the identical pieces of wire in the paper in which I folded them when I withdrew from the table. You will observe that the thick and infusible wire is the piece which J. Roberts substituted; and the coil of fine wire is that which I kept in reserve, and which, as well as the pieces which were kept ready arranged in my two safety-lamps, had been manufactured, purposely for me, by Mr. G. Rodney Taylor of Sunderland. I could not obtain any of an equally fine texture in London.

J. Roberts, in his reply, goes on to say, "In answer to the accusation of changing the wire I positively deny it; indeed it was not possible for me to do so, as Dr. Clanny knows, he having given me the lamp in question *without any wire*. This was afterwards proved by the wire he ought to have given me being found in his possession." Now what is the fact? When at the experimenting table, I publicly accused J. Roberts of having clandestinely and dexterously changed the wire, and he was compelled to acknowledge that he had done so, stating, at the same time, as an apology, that "the wire which he found placed across my lamp had accidentally broken in his hand, when he was supplying the wick and oil to the said lamp." I mention this as if they were the last words I were permitted to utter. I now take blame to myself for allowing any person to touch my lamp, whether he were a "pitman," "a lamp manufacturer," or an "experimenter" for such persons. And I equally regret that in attempting to set all persons concerned right, I should unthinkingly have allowed any communication of mine, by the advice of a friend whom I much esteem, to have appeared in such an "impartial journal" as the Medical Gazette.

In conclusion, I beg to remark that J. Roberts hints at a caution which the hon. chairman of the Committee gave to me relative to the use of my safety-lamp, *and of which I do not remember one word*; but if such hint shall appear in the printed report of evidence (which has not yet reached me), I shall know how to treat it, no matter from whom it may have emanated or originated. At present I am satisfied that a more talented, kind-hearted, and upright man than the said honourable chairman does not exist. I have to remark that here my controversy with J. Roberts ends. I remain, Mr. Editor, your most obedient humble servant,

W. Reid Clanny.

Sunderland, Sept. 5, 1835.

P. S. In no part of Mr. Pereira's lecture were any experiments made with the fire-damp of coal-mines, for be it remembered that *coal gas* is not *fire-damp*, and that we never have *jets* such as the lecturer made use of, even in our most fiery mines.

In these enlightened times, I have only to hint at the difference in respect to combustion which obtains between fire-damp, which is considerably less combustible than other inflammable gases, and coal gas, which is a very combustible gas. I mentioned this fact and entered my protest in an audible voice to the honourable Committee of the House of Commons, and other gentlemen assembled in the chemical lecture-room of the *London University*,—but it is more than probable that the short-hand writer did not attend to me, nor hear the protest I made against J. Roberts's mean trick in respect to the changing of the wires, as the lecturer was the person upon whom all eyes were placed and upon whom every attention was displayed, and perhaps for that day with good reason. Had Sir H. Davy in his admirable experiments upon the inflammable gases of coal-mines found any gases stronger than *the fire-damp or light carburetted hydrogen gas*, he would have no doubt so modified his wire gauze (without using the *objectionable medium* of glass), that even jets of coal gas could not by any chance be driven through it. In my experiments upon coal gases I have found them very similar in nature to those of Sir H. Davy. All these experiments of Mr. Periera go for nothing, as our pitmen can testify. The lecturer may say with a certain hero,

"'Twas I who made the giants—and then
I slew them!"

*** The controversy of which we have allowed this letter to form a part, is wholly new to us. We have neither read nor seen the articles of which Dr. Clanny complains, nor were cognizant that a word had been said on the subject in any journal, professional or non-professional. Roderick's periodical emanations may be *printed* in London, but Dr. Clanny may be assured that five out of six of them are never *read* there; and we only insert the present letter, because we presume that Dr. Clanny has good grounds for considering himself unjustly treated, though the injustice was committed in private.—Ed. L.

ABSTRACT OF THE EVIDENCE OF

MEMBERS OF THE ROYAL COLLEGE OF SURGEONS IN LONDON,

TAKEN BEFORE THE

PARLIAMENTARY MEDICAL COMMITTEE IN 1834.

EVIDENCE OF

DR. JAMES SOMERVILLE.

674. "You are Inspector of Anatomy?"—"I am."

675. "What are the duties of your office?"—"It is my duty to see that the regulations which the Secretary of State for the Home Department establishes for the management of the schools of anatomy are fully carried into effect."

676. "What has been the effect of the Anatomy Act?"—"The anatomical schools may be said to have been previously completely at the mercy of the men who exhumed and sold dead bodies. In the present system the expense is moderate; therefore greater facilities are afforded to a much larger number of students. Moreover, the bodies are now received by the schools in a comparatively fresh state, and the only charge for dead bodies to the schools, is the cost of their removal and subsequent interment, which are conducted with perfect propriety and decorum."

677. "Were regulations adopted to secure a fair distribution to the various schools?"—"Yes, and the ratio of pupils was to be the only guide in the distribution of bodies. The teachers also met, ultimately, and agreed to abide by certain regulations, and they unanimously signed an agreement approving of a plan of equal distribution. But some of them did not adhere to the regulations of which they had approved, but induced such parish authorities as were friendly to them to act for their behalf; and, consequently, impediments, which appeared to come from the parish officers, though really coming from the teachers, were thrown in the way of carrying the regulations into effect. The Secretary of State, however, desired me to put a stop to any school being supplied to the disadvantage of others; consequently no teacher will be allowed to have any *exclusive* advantage for the future. The difficulty of obtaining a correct register of the students of the different schools is now one of the chief difficulties against which we have to contend; for the returns at first made in compliance with an application from the Home-office to the schools were such as it was impossible to act on, as they made the total number of pupils attending all those schools three times as many as, according to the most accurate information I could obtain from Apothecaries' Hall, existed in London. Therefore it was ultimately determined to take the register of the Apothecaries' Company, an imperfect one however, because there are many pupils who are examined by the College of Surgeons who never register with the Apothecaries' Company at all."

678. "Have you had to combat any repugnance to dissection on the part of the poorer classes?"—"Certainly in no instance from the poor themselves, which arises, I believe, with the majority, out of a feeling of almost total indifference as to what becomes of their bodies after death."

679. "Have you visited the schools of anatomy in the large provincial towns?"—"I was directed by the Home-office to visit all the provincial schools, and I should say that there are some towns, such as Manchester, Birmingham, Liverpool, and Bristol, which have opportunities for teaching anatomy that are not surpassed in any place."

680. "Where are summer courses of anatomy given in London?"—"At Mr. Grainger's, Mr. King's, the London University, the Hunterian Theatre, and Mr. Dermott's; and summer courses of anatomy I should say are extremely important. The summer affords the only opportunity of performing surgical operations on the dead subject, which need not be kept for so long a time as when wanted for ordinary dissection; and those students who are not satisfied with the minimum of education required by the College, but who really are labouring to learn their profession, do continue to dissect during the summer season."

681. "Are most of the country schools provided with a collection of preparations?"—"Yes, and some have museums which do infinite credit to the gentlemen by whom they have been formed."

682. "Which are best provided with preparations?"—"Those of Manchester, those of Sheffield, particularly Mr. Overend's, Mr. Norman's school at Bath, the schools of Bristol, and Mr. Cox's school at Birmingham."

683. "Might it not be useful, as a guide to students or parents, were a Council to make honourable mention of those schools which are best provided with anatomical preparations; *if, indeed, such commendation were bestowed impartially?*"—"Certainly it would."

684. "Is there much competition be-

tween the different teachers of anatomy?"—"They always must be rivals. The hospital schools view with much jealousy the rise of private schools, some of which afterwards become permanent. The fees of some of the private schools are considerably under those of the public schools."

685. "Are not private schools eminently advantageous to young men?"—"It has hitherto been so; for the most eminent anatomists that this country has ever produced, as Sir Charles Bell, the late Dr. Gordon, and Mr. Edward Grainger, commenced as private teachers. I should be sorry to see any limit put to the formation of private schools. The competition of those schools is productive of good, by exciting rivalry. Yet if the Secretary of State had not interfered in the way he did lately with regard to the influence of the public schools in obtaining all the subjects, the private schools would all have been obliged to close their doors."

686. "Are the schools better or worse supplied now than they were before the passing of the Anatomy Bill?"—"The number of bodies before applied to dissection was between 200 and 300. The first year of the operation of the new Act, the number of bodies used in London amounted to upwards of 600, and in the country, to nearly 100; and this year there is a considerable increase in the number used in the country, arising from the circumstances which I have previously explained. The distribution in the country has been

	1832.	1833.
Bath	2	3
Birmingham	23	20
Bristol	17	7
Exeter	1	5
Hull	4	0
Leeds	3	9
Liverpool	6	16
Manchester	13	24
Nottingham	1	0
Sheffield	11	19
Cambridge	0	1"

687. "Have the governors or the treasurers of any of the hospitals thrown difficulties in the way of compliance with the new regulations of distribution?"—"In some instances, the treasurers have been anxious to secure exclusively for their own school what the Government intended for the good of the students generally."

688. "What has been the success of the Anatomy Act in Scotland?"—"At first the teachers clung to an expectation of deriving supplies from some distant source. The Government, however, compelled the teachers in Scotland to depend on their own lawfully-procured supplies, and there is now a constantly-advancing improvement in the working of the Act."

689. "What were the circumstances relating to Mr. Bennett's abandoning his school at Paris?"—"His success attracting the jealousy of the French students, they represented him to the French government as the cause of a scarcity of bodies that was alleged to exist in the school of La Pitie. Mr. Bennett then applied to our ambassador to have a representation made to the French government in his favour. He came to London, and communicated with Mr. Canning, who transmitted his memorial to the College of Surgeons as the judge of such matters. The Council of the College reported *against* Mr. Bennett's application, and our Government refused to interfere; so that, in the following season, Mr. Bennett was deprived of the facilities for teaching. The Council of the College of Surgeons also refused to recognise certificates of attendance on Mr. Bennett's lectures or demonstrations. Even in London the Council refused to recognise him as a teacher on his first application, and the reasons stated to him in private were, that his teaching was *an interference with private property which could not be sanctioned.* One member of the court offered to get him an appointment IF HE WOULD GO TO THE COLONIES."

690. "Who offered to do that?"—"One of the court of examiners."

691. "Was Mr. Bennett qualified to be a teacher?"—"Mr. Bennett was the most successful teacher of anatomy I ever knew, and one of the most popular teachers I ever heard, and when he settled in London he had all the materials that are necessary for a teacher of anatomy. I do not agree with those who think that a great museum is necessary for a school of anatomy: and the success that attended Mr. Bennett, *though he had but small means in that respect*, was a proof to me of *the correctness of this opinion.* I acknowledge the importance of a museum to a teacher of surgery or medicine, but with regard to anatomy, a reference to bones, or dried blood-vessels, or nerves, &c., is all that is required, and Mr. Bennett was as well provided with those preparations as were most of the existing teachers."

692. "In whom should a board for conferring degrees in London be vested?"—"In persons distinguished by their honourable conduct, their scientific acquirements, and the improvements they had made in the profession, and I think they should be elected by the members of the profession at large."

693. "Ought the members of that board to be elected for life?"—"I think that the system of election for life is highly objec-

tionable. A certain portion of the board should retire periodically.

694. "Would you propose that there should be two grades in the profession?"—"I should prefer one grade, laying down a standard of qualifications to be required of all medical practitioners, because the departments of medical practice merge so completely one in the other, that it is impossible to draw a line of demarcation between them."

695. "Is not the general practitioner beating the consulting physician out of the field?"—"Consulting surgeons practise really as general practitioners, and the general practitioner is becoming himself the consulting physician. Among the first consulting physicians in London, at this moment, several have never been at a university."

696. "Ought the examinations for medical degrees and diplomas to be conducted in open court?"—"In a court open to the profession."

697. "Would the licentiates of the College of Physicians be satisfied, if the College of Physicians, as now constituted, were empowered to confer medical degrees?"—"I apprehend they would regard it as an additional degradation, that a body which has so abused the power it already posseses, should be made the depository of any new power."

698. "Should the power of granting *medical degrees*, and *licenses to practise medicine*, be vested in the same board?"—"I think so decidedly, and that uniformity should be established as regards those matters, in all the medical schools and universities in the three kingdoms; and no person possessing the medical diploma should be excluded from any privilege accruing to the man who has received the like diploma in either of the other two kingdoms. Many most serious evils arise from the want of that uniformity. Within a very short time, the case of a gentleman has come to my knowledge, who, after practising abroad as a physician, wished to settle in practice near his wife's connexions in Yorkshire. He had been educated in Scotland, and was very highly qualified; but not having been apprenticed to an *apothecary*, he was obliged to forego all his hopes of success in England, and to retire to another country."

699. "Should any teacher be an examining officer?"—"I think the principle very bad, but as a teacher of anatomy may be the best person to examine a pupil on that branch, if there be a sufficient number of other examiners so as not to have him a judge either of his own pupils or of the pupils of his rivals, I do not know that in such a case I would absolutely prohibit it. I think teachers are as much entitled to the advantages and honours of the profession as any other class, but I would limit their power, partly also by giving sufficient publicity to the examinations to prevent abuse. No ground for a charge of undue bias should exist even in theory."

700. "Do any evils arise out of the present system of apprenticeship?"—"The system operates injuriously, by inducing a great many young men to come into the profession who are not adapted, by education or subsequent prospects, to take a proper standing in it. An apprenticeship, generally speaking, may be very advantageous to the pupil, but a *compulsory* apprenticeship is extremely bad. Besides, the present Apothecaries' Act may be said to give the apothecaries a sort of monopoly of apprentices. At present an apprentice comes to his master, and almost immediately begins to prescribe for the sick; even before he has learned the very first rudiments of pharmacy or anatomy. His master may be extremely kind, and give him some share of instruction; but he cannot do so to any considerable extent; and the consequence is, that these young men have habits formed, before they commence their regular medical studies, which are not always of the most advantageous kind. Many come up to London utterly unfit for the profession; and this they do not find out, until they go up to be examined; whereas, under a better system, the discovery would have been made before they entered upon the apprenticeship."

701. "Ought the general practitioner to charge for attendance instead of physic, if he prefers to do so?"—"I believe that evil is rapidly curing itself. There is not in the public such a disposition to take medicine as there used to be. A respectable man should be paid in proportion to his attendance and reputation. I believe that the difficulty is at present obviated, by writing a prescription, and charging for a visit."

EVIDENCE OF MR. THOMAS KING.

702. "Are you a lecturer on anatomy in London?"—"I am."

703. "Where did you receive your medical education?"—"Principally in Paris. I was there nine years."

704. "Did you obtain any professional honorary appointments?"—"Several; I obtained the distinction of being a member of the *Ecole Pratique*, at the first concours, on the first attempt."

705. "Does a medical concours act as a powerful stimulus to students?" "It acts as a tremendous stimulus."

706. "Does the examination occupy more than one day?"—"The lowest concours, which is that for the *Ecole Pratique*, occupies, I think, two days, from about one till four o'clock, and it is quite public to all persons, without any inconvenience attending the publicity. The difficulty sometimes rather lies in obtaining auditors."

707. "Is any objection made to foreigners competing on these occasions?"—"At the time I was elected, I was unanimously chosen; and my name being so conspicuously English, the question arose, whether or not I was eligible. After some deliberation it was decided, in the council of the hospital administration, that foreigners should be eligible to the concours, and the report on that occasion declared, '*That the council being influenced by motives of a high national order*, France was the country of all the talent that would honour and serve her.'"

708. "Did you graduate in Paris?"—"I did."

709. "In any instance besides your own, has the right of foreigners to compete been called in question?"—"Several foreigners have been admitted since that time, and my election was the cause of several Irish gentlemen having competed since. Before my case, the Swiss had been admitted to compete; because their names not sounding so foreign, the question had not been mooted."

710. "Are degrees conferred in other parts of France precisely as at Paris?"—"Yes, at the Strasburgh and Montpelier academies, all being under the charge of the Minister of Public Instruction. One uniform system prevails throughout France respecting medical education, and the education in medicine and surgery is so much the same, that the difference is hardly worth mentioning. A student in medicine is obliged to study surgery, and a student in surgery is obliged to study medicine."

711. "What improvement does the French course of study and examination admit of?"—"Perhaps it is not perfect. Pupils should not be bound to attend the different courses exactly in the order in which they are prescribed, because there are different degrees of promptness with which pupils acquire their knowledge, though even as it is the Paris system seems to me to work much better than ours, and the French students on entering on practice are unquestionably more thoroughly instructed than our students usually are, when they quit London, after receiving their license and diploma. I am quite persuaded, however, that if the English students had the facilities for studying medicine which the French have, the English school of medicine would be equal or rather superior to all foreign schools. For the English students have patience and perseverance in a greater degree, I think, than the French."

712. "Is there any advantage in dividing the examination of general practitioners between two different boards?"—"No; the education would be more complete if there were one general board to superintend medical education and practice."

713. "Ought there to be more than one grade in the profession?"—"I should think not."

714. "Whom would you make eligible for this general board?"—"Every member of the faculty."

715. "Were your certificates of study and professional distinctions at Paris admitted by the College of Surgeons in London as a candidate for its diploma?"—"No. I was not admitted to examination until after making several applications and experiencing some difficulty."

716. "Were you ever a candidate for any hospital office in London?"—"Yes. The assistant-surgeoncy to *St. George's Hospital*, but I was given to understand by one of the surgeons that no man had any chance there, unless he had been an apprentice or a pupil to the hospital."

717. "Does not such a regulation, and do not all such regulations, tend to occasion the election of men of inferior eminence?"—"I think it is impossible to avoid their operating injuriously to the public, the profession, and the *hospitals*.* Men of the first talent have gone abroad to India and other distant countries, who would have conferred honour on their country, had they been retained at home with any reasonable prospect of advancement by a system of open competition for public hospital appointments."

718. "Has the concours excited in France greater exertion to improve medical science than during the same period has been made in England without it?"—"The men who have done most for science abroad are, almost to a man, persons who were first trained to habits of industry and study by the concours; and, in fact, I believe it is to this system that medical science owes the principal discoveries that have lately been made."

719. "Does the Government hold out any rewards to the men who on these occasions distinguish themselves?"—"Con-

* We heartily wish that gentlemen would abandon this unmeaning term, and on all such occasions substitute the more correct word "patients" for "hospitals."

tinually; they are the men on whom the eye of the Government is constantly fixed, and they also have a greater chance of being elected members of the Académie de Médecine than others."

720. "Had you remained in France, might you not have become surgeon to a French hospital?"—"Several of my former colleagues, who did not obtain the distinctions that I did, are now surgeons to Parisian hospitals."

721. "And by the hospital regulations that you have referred to, you are precluded from aspiring to such stations in this country as would be open to you in France?"—"Entirely precluded. Were I to become a candidate for a surgeoncy in a London hospital, several of the hospital surgeons who are friends of mine would say to me, 'Mr. King, it is impossible.'"

722. "Does there exist any such class in France as that of our apothecaries? Is not the apothecary a mere vender and compounder of medicine?"—"Yes; but the pharmaciens there are a very learned body: their examination is more difficult and severe, more what an examination ought to be, than even the examination in pharmacy and chemistry for the medical diploma. No person can sell medicine who prescribes; nor can any one prescribe medicine who sells it. No one can sell medicine who is not received at the School of Pharmacy. They have, indeed, the *herbalistes*, but even they are obliged to pass examination."

723. "Is there any other matter that you wish to state?"—"I think it most essential that all examinations should be public. It has been stated that the English students are too nervous to submit to a public examination. I am astonished that it should be said that the English youth are more timid than the youth of other nations, when it is notorious that they are rather conspicuous for courage."

724. "Is it not, in fact, a point of importance in the education of one who is to be a physician or surgeon, that he should have presence of mind, and confidence to state before numbers of people what he thinks or knows?"—"Most decidedly."

725. "And therefore any training or preparation that will give him self-confidence in the presence of a numerous assembly, cannot but be of use to him in his profession?"—"Certainly; I should say again, that the private examination is much more dreaded than a public one would be, because he does not now know whether he is to be treated fairly or not. *I never saw any person in Paris evince the slightest nervousness at a public examination.* It is so revered by every lover of fair dealing, that there is nothing terrific in it."

CASE OF DERANGEMENT OF THE

FACULTY OF LANGUAGE.

By JOHN GRATTAN, *Esq., Belfast.*

G—— B——, esq., aged fifty-six, a gentleman of a highly cultivated and vigorous mind, had, about two years since, and within a short period of each other, several attacks of paralysis, affecting the right side, from which he has only partially recovered. His daughter, to whom I am indebted for the details of the case, and who has perused and confirmed the accuracy of the present report, states that at first his speech was not affected. The first symptom which he manifested of any disorder in the organ of language, was an inability to remember the name of a place in the country, in which he was much interested, and which he called "*Red Well*," instead of "*Red Hall*," without appearing to be conscious of the error, as he seemed to be annoyed with his friends for not understanding him. Very shortly after, he became unable to articulate at all. The only words which he can at present pronounce are "aye" and "no;" and even in the use of these simple monosyllables he occasionally becomes embarrassed and confused, particularly if more than ordinarily unwell.

He understands distinctly and clearly every thing that is said to him, and likes to have any interesting occurrence in the newspapers repeated, but does not attempt to read for himself. So far the deprivation of speech might be supposed to depend upon disease of the mechanical vocal apparatus. But if that were all, he should be able to communicate his thoughts in writing. This, however, he cannot do; and the great peculiarity of the case is, that while his efforts to put his thoughts on paper are uniformly abortive, and accompanied with such evident marks of mental confusion and agitation as to be distressing to his friends and harassing to himself,—as though he felt provoked at being unable to accomplish what he thinks he ought to be able to do, he can calculate figures with perfect *accuracy* and *facility*, and even takes at times a pleasure in the employment. Of late, he has succeeded occasionally in writing an intelligible word, which has been observed to be always a proper name. In attempting other words, he so misplaces the letters as never to be understood. It is also quite apparent that the effort is unpleasant to him. Recently he wished to communicate something respecting a particular individual; and, after several efforts, such as writing *Hu*, *Hugh*,

finally accomplished so much as to write intelligibly the word *Hugh*, and then turned to his daughter with an air expressive of a desire that she should help him by repeating the surname, which she did, naming different individuals who had that name, until he gave his assent. In other respects, as far as can be judged under such circumstances, his mind exhibits no want of integrity whatever.

He took so warm an interest in the result of our contested election, as to go in a chair to give his vote, when he found his party was likely to be unsuccessful; and this contrary to the wishes and entreatics of his friends, who were apprehensive of its injuring his health. In money transactions, he shows as much acuteness as ever. He not long since made a transfer of some propery; and, after signing the deed, and finding that it had been given to the purchaser before the purchase-money had been paid, he became quite unhappy until informed that the original deed of transfer to himself was in his own possession, when he was perfectly satisfied. He was also desirous of knowing how a certain sum of money had been appropriated, and would write down without difficulty or exertion the amount he wanted to inquire about, such as 800, 200, &c.; but for any thing farther, he would only look and listen, expressing his assent or dissent, as his friends happened to hit upon his meaning or not: they are able to understand much of his wishes by the expression of his countenance.

The sound of his voice is as strong and clear as ever. He was always particularly fond of music, and still continues to derive great pleasure from it, keeping accurate time during its performance.

As he began to recover, he employed a schoolmaster to teach him to write with his left hand, and made unusual progress in that acquirement; but he can form letters accurately only when he has before him a copy from which to write, whilst he has no difficulty in writing figures, evidently showing that though Form is intact, Language, which associates the word with its symbol, being impaired, is incapable of exciting the former organ into correct action, whilst with calculation the fact is otherwise.

A most extraordinary peculiarity in this gentleman's head is the existence of two fissures in the skull, having the appearance of the fontanels in children, as if there had been an absorption of the bone, but lying, as far as I could learn from mere description, the one on the left nearly over the organ of *Veneration* and part of that of *Firmness*, and that on the right across part of the organs of *Conscientiousness* and *Hope*; and I am positively assured by his daughter, that his clerks could at any time tell when he was angry, without hearing him speak or seeing his face, but simply from the great *depression* which on such occasions occurred in those fissures, or, as they termed it, "the holes that would appear in his head," and that she has at different times observed the same phenomenon herself.

Viewing the circumstance physiologically, is it not possible that the excitement of Combativeness and Destructiveness causes, as in the case of blushing, a sudden impulse of blood to the parts, and that the unequal distribution of blood thus produced is attended with a temporary collapse of the organs of the moral sentiments, which are situated in the neighbourhood of these openings, thereby diminishing the resistance which they afford to the atmospheric pressure? Whether this be the reason or not, the fact is indisputable: the appearance is described to be as if the integuments were "drawn in."—*Phren. Jour.*, Sept.

Belfast, August 22, 1835.

[The fact mentioned in the two concluding paragraphs of Mr. Grattan's communication is so curious and important, that we have requested from him information upon several points not above adverted to. He has kindly undertaken to investigate the case as thoroughly as possible, and we hope to be able to publish the result in our next number.—Ed. P. J.]

RADICAL CURE OF HERNIA.

M. Gerdy, at the meeting of the French Academy of Medicine of the 3rd of September, presented a patient who had been cured of an inguinal hernia by his method of "invagination." We have already described the method proposed by M. Gerdy (page 91), for the radical cure of hernia; but the following additional particulars which we take from the *Gaz. Med. de Paris*, No. 36, may not be without interest.

The young man who was the subject in the present case was strong and robust. The hernia was a right inguinal one, recent, and not accompanied with much dilatation of the ring. There does not now remain the slightest trace of a hernia, or even of a ring. We can observe nothing, on examining the patient's groin, except a kind of arch formed by the cicatrized sutures; and a slight redness and hardness,

with tumefaction, at the root of the scrotum, where the skin has been invaginated. The patient, in the upright posture, can cough with force, without producing any impulsion at the ring sufficient to give rise to an apprehension of relapse. The operation was performed six weeks ago. The following explanations have been furnished to us by M. Gerdy himself:—

It is with the indicator of the left index finger, the pulp being turned forwards, that he pushes up into the ring the skin of the root of the scrotum, and thus determines its invagination. The finger remains in the cul-de-sac formed by this skin; and applies it, as much as possible, against the external parietes of the inguinal canal. The operator glides a curved needle, armed with a double thread, along the pulp of the index finger, and traverses with it from within outwards the invaginated skin and soft parts covering it; the needle is brought out a few lines above the level of the ring. The thread being thus passed, the needle is withdrawn, and threaded with the other end of the thread, which, like the former, is brought out a few lines below; thus the end of the cul-de-sac is retained in the ring by the loop formed with these two threads, which are to be fastened outside, on a strip of diachylon, as in the quilled suture. This first suture retains the end of the invaginated skin in place; a second suture is passed on the inner side, a third on the outer side, and the ends are tightened as before on quills. This done, the invaginated portion of skin is inflamed with ammonia, and we attend the cure. In all cases an inflammation supervenes, which embraces the parts comprised between the six pricks made by the needle. This terminates by suppuration; but the pus is discharged by the pricks, and does not prevent the operation from succeeding. When obliteration has taken place by the union of the opposite sides of the skin artificially introduced into the ring, the threads may be cut away.

This is the seventh operation which M. Gerdy has undertaken; whenever the hernia was recent and the ring slightly dilated, he has always succeeded; but in cases of old, voluminous herniæ, with great dilatation of the ring, he has failed, and thinks the operation inapplicable to those cases.

It might be objected to this method that we run the risk of traversing with the needle the anterior wall of the hernial sac formed of peritoneum. M. Gerdy affirms the contrary. The finger which pushes up the skin serves at the same time to keep it at a distance from the sac. Besides, he has tried to wound the peritoneum in the body of a subject affected with hernia, by carrying the point of the needle much more backwards than he is accustomed to do on the living body, and on dissection he always found the peritoneum untouched.

FRENCH JOURNALS.

The French *Gazette Medicale* for the last month (Nos. 31 to 35) contains, amongst other articles, a memoir, by Dr. Goyraud, of Aix, a member of the Royal Academy of Medicine, on the

PERMANENT RETRACTION OF THE FINGERS.

We have already published, in our translation of the "Leçons Orales," the general description which Baron Dupuytren has left us of a peculiar retraction of the fingers. The surgeon of the *Hotel Dieu* attributed the lesion to a sort of crispation or retraction of the palmar aponeurosis, particularly of certain bands which pass from the latter to the sides of the fingers. Since the publication of Dupuytren's ideas, M. Goyraud has had occasion to dissect several hands in which permanent retraction had existed, and his observations have led him to conclude that Dupuytren has fallen into an error with respect to the cause of the disease. M. Goyraud remarks that the expansions of the palmar aponeurosis merely pass to the lateral parts of the base of the first phalanx; hence they cannot have any influence on the motions of the second phalanx, or in the production of a disease where this latter bone is strongly flexed towards the palm of the hand. On the contrary the dissections of M. Goyraud tend to show that this disease is occasioned by the presence of abnormal fibrous bands passing from the palmar aponeurosis, and inserted partly into the sheaths of the flexor tendons, or into the first and second phalanges. Sir A. Cooper, who was the first to notice the permanent retraction of the fingers, which he attributed erroneously to a contraction of the flexor tendons, advises us to glide the blade of a narrow bistoury under the skin, at the

side of the chord which binds down the finger, and then divide it across. This method has the advantage of giving a very small wound in the skin, but it is only applicable to those cases, unfortunately extremely rare, in which the retraction is occasioned by a single simple bridle, non-adherent to the skin. Dupuytren divided transversely both the skin and the prolongations of the palmar fascia, which he regarded as the cause of the deformity. The author proposes to divide the skin longitudinally over each abnormal bridle, separate the lips of the wound, detach the fibrous chords by dissection, and then cut them across.

Another article in the *Gazette Medicale* is headed, Memoir on the Cause and Mechanism of the Depression of the Hip in Coxalgia and other Affections of the Lower Extremities. This article is by M. BOINET, Interne of the *Hotel Dieu*.

The third article is a memoir on the

NATURE AND TREATMENT OF POTT'S DISEASE.

This interesting memoir, drawn up by M. NICHET, Surgeon to *La Charité* at Lyons, occupies the space devoted to original correspondence in Nos. 34 and 35. We regret that we cannot follow the author through various observations attached to seventeen fully detailed cases composing the body of the memoir; want of space compels us to notice his conclusions only in a summary manner. They are as follow:—

The disease so generally known by the name of "Pott's Malady," and characterized essentially by a curvature in some part of the vertebral column, with more or less paralysis of the inferior extremities, has been attributed by authors to a multitude of different changes; the modern writers, however, are divided between "inflammation of the vertebræ with softening;" "ulceration of the intervertebral cartilages;" and, finally, "a tubercular affection of the vertebræ."

This latter opinion has been long taught by the late Professor DELPECH, and is one which the author of the memoir now before us regards as the best founded. In his first treatise, POTT described the bones as being tumefied and augmented in volume, more soft than natural, and thus giving rise to the various degrees of curvature; but further experience convinced this observant surgeon of his error, and in his second memoir he says, "More ample researches and a deeper examination of the subject have shown me that the bones in which the disease resides, are not tumefied or augmented in volume; the bodies of the vertebræ are always in a state which tends rather to corrode them than augment their volume." POTT was probably led into the error expressed in his first memoir by the accumulation of tubercular matter in front of the vertebræ, which he took for a tumefaction of the bones themselves; his error has been copied by BOYER and many other surgeons, who have written without an actual examination of the subject; we cannot make the same reproach to M. NICHET, whose cases show that he has investigated this disease with attention, and, so far as they go, bear him out in the opinion "that the alteration of the vertebral column which accompanies the disease of POTT, is dependent on the presence of scrofulous tubercles. The morbid production is found, under various forms, in the column and its dependences:

1st. Sometimes we meet one or more round masses, varying in size from that of a pea to a nut; these white, yellow, or gray masses, are enclosed in regular cavities, either completely shut, or communicating with similar cavities in the neighbourhood, or with cavities which open in front of the spine, or into the spinal canal itself.

2nd. Sometimes, but more rarely, the tubercular matter is laid down in the small cells of the spongy tissue, which has undergone no other change than a diminution of consistence.

3rd. Irregular masses of tubercular matter are often deposited in front of the vertebral column, raising up the anterior common ligament, or in the canal between the bone and posterior ligament.

The tubercle may be developed at any part of the spine, but it is more frequently found in the dorsal than in the lumbar or cervical regions; it generally attacks the bodies of the vertebræ, but is sometimes found commencing in the plates, or spinous and transverse processes. When developed in the body of the vertebra, the tubercle may occupy its centre, or

some one point of the circumference. The disease may be confined to a single vertebra, but in most cases it extends to two or a greater number of them. When the organic lesion resides in one of the upper cervical vertebræ, it may attack the anterior or posterior arch of the atlas, the body or odontoid process of the axis, or one of the four lateral masses; but in all these cases the symptoms are very different from those which manifest themselves when tubercles form in the other vertebræ.

The tubercular matter is, also, frequently deposited in the intervertebral cartilages, either alone or simultaneously with the substance of the vertebræ; but whatever may be its primary seat, one of its first effects is to produce a loss of substance of the bone, and to form a cavity for its reception; the parietes of the cavity are always composed of bone, conserving its normal consistence and structure; the cells of the spongy tissue are clearly distinguished; there is no surrounding inflammation; and the loss of substance seems to arise simply from the pressure exercised by the tubercle.

These latter bodies are often in immediate contact with the osseous substance, but in other cases the parietes of the cavity are lined by a thin, vascular, false membrane, which seems destined to guarantee the bone from the contact of the foreign body.

When the tubercles occupy the centre of a vertebra, they destroy it from within towards the circumference, and soon reduce it to an osseous shell, too weak to support the superincumbent weight; the bone gives suddenly way, and the column inclines, forming an angle whose summit corresponds with the destroyed vertebra. When placed in front of the bodies of the vertebræ the tubercles act from before backwards, always with more or less slowness; here the deformity never takes place in a sudden manner; it is gradual, and as several vertebræ are interested at the same time, the deviation approaches more the form of a curve.

The deposit of tubercular matter behind the bodies of the vertebræ very rarely takes place alone; it exercises but little influence on the production of deformity, and merely tends by its action on the membranes or spinal marrow to produce irritation of these parts, and paralysis. The inclination of the vertebral column sometimes takes place towards one side; this is explained by the fact of a tubercle destroying the body of the vertebra laterally. The intervertebral cartilages almost always preserve the most perfect integrity in the midst of the destruction of the bones, but when the latter have completely disappeared, then the cartilages become softened, dissolved in the fluid, and absorbed.

In rarer cases the tubercle is developed in the centre of a cartilage, or in its neighbourhood, and determines the ulcerative inflammation; here the two vertebræ incline towards each other, or even preserve their original relations by the deposit of a new osseous production.

The disease which now occupies our attention is very frequently, but not constantly, accompanied by paralysis of th lower extremities. In most cases we fin a simple lesion of movement; it is more rare to find sensibility destroyed with motility; in other cases we have permanent contraction of the limbs, with or without alteration of sensibility, or with acute pains in the contracted limbs. This latter species of paralysis is not necessarily connected with disease of the vertebræ, and, if we judge from the author's observations, is the most rare of all, though Pott is of an opposite opinion.

The loss of motion in the extremities does not depend simply on the curvatures of the spine; this latter exists without paralysis and vice versâ; when they coexist the paralysis may disappear, while the curvature remains the same. It is unnecessary for us to pursue this part of the subject further; it has been treated in the most ample and clear manner by Pott.

The examination of the body after death, reveals to us some one of the following changes as the cause of paralysis:—

1st. A deposit of tubercular matter between the vertebræ and membranes of the spinal marrow.

2nd. Tubercles in the substance of the spinal marrow, which sometimes under-

goes a complete solution of continuity. (Professor SERRÉ, in *Gaz. Med.* 1830.)

3rd. Tubercles in the substance of the membranous ramollissement of the spinal marrow, in a greater or less extent.

4th. Ramollissement of the spinal marrow in a greater or less extent.

5th. Hardening of the substance of the spinal marrow.

6th. Thickening and injection of the meninges.

7th. Osseous spiculæ penetrating the membranes.

Some of the causes just enumerated may give rise to paralysis by simple compression, as sudden displacement of a bone, deposit of tubercles in a large mass within the spinal cavity, &c.; however, in most cases, the deposit seems in too small quantity to account for paralysis by mere compression: it is more rational to admit the production of chronic inflammation, traces of which have been always found by the author. Besides, the efficacy of certain remedial agents, more calculated to relieve irritation than remove compression, is a reason for rejecting the idea of the latter cause.

The connexion between the various forms of paralysis and the organic changes, is very constant and exact. Thus, when sensation and motion have been completely and simultaneously abolished, we find after death either a complete interruption of the spinal marrow, or ramollissement, or pressure acting upon its whole thickness. Paralysis, with contraction of the muscles, coincides with inflammation, kept up by an irritant agent, such as osseous spiculæ &c. Loss of motion with relaxation depends on a slight irritating cause; when the latter increases in intensity, loss of sensibility is added, and when the irritation is combatted by proper means, we find the sensibility first restored, and then motility. This march of the paralysis is physiologically explained on the supposition that the anterior columns of the spinal marrow are first affected, a theory confirmed by the fact that in cases of simple loss of motion, without destruction of feeling, the irritant cause has always been found in the bodies of the vertebræ. The influence exercised by the tubercles on the texture of the vertebræ, is a subject which deserves to be studied with the greatest care. We have already seen that their first effect is a loss of substance in the bone, which preserves its normal character all round, and seems merely as if it were destroyed by a file; the surface in contact with the tubercle is smooth, and of a natural colour, or merely injected to a very slight depth: the tubercular masses as they approach one another, isolate plates of the vertebral substance, which become mortified, and are found in the midst of pus and tubercular debris. A sequestrum of greater or less magnitude, is often the sole remnant of a vertebra which has been destroyed on all sides by the progress of the tubercles. The infiltrated tubercular matter determines absorption of a part of the septa of the spongy substance of the bones, and mortification of other parts, which give way with the utmost facility. However, the presence of the tubercle often excites the reparative efforts of nature, seen in the production of osseous splints passing from one vertebra to another: these splints limit the destruction of the bones and fix the vertebræ: they are most commonly produced by the anterior ligament, elevated and inflamed by superficial tubercles: but these favourable results are never obtained without long-continued repose, to which the patients submit with the utmost difficulty.

In a word, the organic changes which take place in the malady of POTT, may be comprised under the following:—Formation of scrofulous tubercles, loss of substance in the bones, or cartilages, slight injection, necrosis, ivory hardening of certain parts of the bones, or production of a new osseous substance. The author rejects tumefaction of the vertebræ and caries (so frequently mentioned by other writers), changes which he has never observed, and which he regards as admitted in consequence of superficial or inexact observation. The reason for which M. NICHET rejects the idea of inflammation of the bone, softening, caries, and suppuration, as essential changes in Pott's disease, seem very conclusive. He compares the pathological appearances of the latter with what takes place in inflammation and ulceration of the bones of the extremities; in one case softening and ulceration are the frequent consequence of inflammation, while

necrosis, induration of portions of bone, and the formation of new splints, are very rare. In Pott's disease, exactly the contrary takes place. Again, superficial caries, without any deformity of the spine, frequently occasions death, while Pott's disease as frequently terminates in a cure. Did both consist in caries, we should be compelled to allow, that caries of a part of bone is mortal, while it is often curable when it attacks the totality of the same bone.

Patients attacked by Pott's disease frequently die of other affections before the former has made much progress; in all these cases we should (according to the theory generally admitted) find the vertebræ softened and suppurating; but this state is extremely rare, and when it does exist is rather a complication than a part of the disease.

When inflammation of the bones of the extremities terminates by necrosis, the sequestra discharged are always irregular, angular, light, and easily broken. In Pott's disease the sequestra are large, smooth, white, and of an ivory hardness.

In caries, the bone furnishes a liquid resembling wine lees, in colour. In Pott's disease, the matter which surrounds the vertebræ has all the characters of softened tubercles; the tissue of the vertebra round a tubercle is hard and sonorous, while a carious bone suppurating is very soft, and gives out a dull heavy sound.

Pott's disease is susceptible of a great variety of complications, many of which are more dangerous by far than the original affection of the vertebræ; the most frequent and remarkable is the existence of pulmonary tubercles which the author has found in nine-tenths of the autopsies he has made; indeed the greater number of individuals affected with Pott's disease die by the lungs. Tubercles are also found in most other organs, and may produce what are called cold abscesses, entirely independent of the original disease.

Having thus endeavoured to throw some light on the true nature of this affection, the author examines the therapeutic agents employed hitherto with most success, and points out the connexion existing between their action and the true lesions they are destined to combat. We detail these:—

Blood-letting.—Whenever much pain exists about the neighbourhood of the angular curvature, at the base of the chest, loins, &c., local abstraction of blood is always attended with advantage. It is generally believed that the benefit produced by leeches &c. depends on a diminution of the vertebral osteite, to which these pains are referred. The author does not adopt this view; he has constantly seen the tubercular affection of the vertebræ free from pain, when the spinal marrow, or its membranes, did not present any lesion; and in all cases where the patient suffered, and where circumstances permitted examination after death, he has found an inflammation, more or less profound, of the medullary substance and its envelopes.

This is a most important practical point, and deserves the utmost consideration on the part of the surgeons.

Excitories.—Shortly after the application of cauteries, setons, &c., the pains cease, the respiration becomes more free; and the lower extremities recover a little motion or sensibility; after some months the patient begins to walk, and even can work, although the deformity is now well marked; at this stage it is generally believed, that the march of the disease has been arrested, and that the vertebræ are united either immediately or by means of bony splints. The author equally rejects this opinion as not conformable to experience. Patients apparently cured in this manner, who died from other diseases, have been examined by him, and he found the vertebræ tubercular, eroded, hard, and ivoried; that the continuity of the spinal column was interrupted at the point of deformity, and that no attempt at reunion was set up. Some old traces of spinitis and meningitis, removed by the action of the cauteries, was all that remained. As to the alteration of the vertebra, its march is quite independent of the action of excitories, and always proportioned to the number of tubercles in the bones, and to the movements executed by the trunk.

Repose and Position.—The advantage of these means has been contested by few surgeons; and their mode of action is too evident to require any development. The motion and weight of the body hasten the softening of the tubercular matter, crush down the eroded bones, irritate the spinal marrow, and thus hasten the paralysis, produce inflammation of the soft parts in front of the column, promote the formation of abscess by congestion, and may even break down the osseous columns already formed and in the way of formation.

ANATOMY OF THE

MUSCULAR, NERVOUS, AND ARTERIAL SYSTEM.

Dr. Alexander Thomson presented to the *Academy of Sciences*, Paris, on the 24th of August, the following *resumé* of his researches on the structure and arrangement of several parts of the body. As the results at which Dr. Thomson has arrived are for the most part quite new, we shall abstain at present from any comments, observing simply that his dissections have been seen by many of our countrymen at Paris, and are now being repeated at the concours which is going on at the *Ecole Pratique*.

Muscular and Ligamentous Systems.

1. The rectus abdominis muscle is not an independent muscle, but composed of certain fibres from the aponeurotic tendons of the other three abdominal muscles, which, having interlaced opposite the aponeurotic intersections, turn a little aside from their ordinary course, to take a more vertical direction, become fleshy, and form the ascending and descending fibres which constitute the rectus abdominis muscle.

2. The supra pubic ligament of M. Breschet is formed by the interlacement of fibres from the great and small oblique, and from the recti muscles; it is fixed to the summit of the pubis, and is not continuous, as M. Breschet says, with the pelvic fascia.

3. The aponeurosis covering the fleshy bodies of the abdominal muscles, or interposed between them, as also the *fascia transversalis*, are formed by tendinous fibrils, from the fascia of the corresponding muscles of the opposite side. This confirms the law already announced for the muscles of the perineum.

4. I think I can also demonstrate that all the enveloping aponeuroses of the muscles of the limbs are equally aponeurotic tendons given off by the muscles of the limb.

5. The palmaris brevis muscle does not send a single fibre into the skin; it arises, by a distinct tendon, from the radial edge of the anterior groove in the scaphoid bone, and is attached by an aponeurotic tendon to the os pissiform, the unciform process, and the inner edge of the posterior surface of the fifth metacarpal bone.

6. The tensor vaginæ femoris muscle is no more a tensor muscle of this aponeurosis, than the other muscles of the thigh; it is simply an abductor muscle, for it terminates inferiorly by a broad tendon fixed to the femur, patella, head of the fibula, and external edge of the anterior crista of the tibia.

7. All the ligaments and rounded tendons which become more narrow towards the middle, owe this arrangement to a spiral disposition of their fibres, to a torsion round their long axis.

8. All the fibro-cartilages developed in the length of tendons, and all the sessamoid cartilages and bones, are developed in parts where the spaces between the tendons and the ligaments are traversed by fibres and ligaments which keep them in their place.

9. The ligamenta flava terminate always towards the bone, by inelastic white pearly fibres, opake and tendinous; we may therefore regard them as intermediate between muscles and ligaments.

10. The longitudinal muscles of the intestinal tube do not constitute a distinct layer, but are interlaced with the circular fibres.

11. The colon is completely surrounded by longitudinal fibres, which are more strong towards the three longitudinal bands; all these fibres sometimes become fleshy.

Nervous System.

1. The spinal accessory nerve on coming out of the skull, divides into two nearly equal branches; one passes into the sheath of the eighth pair: the other traverses the sterno-mastoid muscle; the muscular branch as it comes out from the skull receives a large branch from the eighth.

2. The recurrent nerves, and also the cardiac branches of the vagus, are composed of two parts; one, the smaller, from the vagus; the other, more considerable, from the spinal accessory nerve of Willis.

Arterial System.

3. The epigastric artery in the normal state is always contained in the substance of the fascia transversalis; it is as variable as the other arteries. I have seen it four times on the inner side of a direct inguinal hernia; twice accompanying the spermatic chord through the internal inguinal canal, to enter into the abdomen by piercing the posterior wall of the canal; and once I saw it penetrate the posterior wall of the canal, traverse the round ligament of the uterus, and again enter the abdomen by the posterior wall of the inguinal canal. I have three times seen it forming an arch along the median line of the antero-inferior parietes of a crural hernia.

Recherches sur la Génération des Mammifères &c. **Researches on Generation in the Mammalia, followed by Researches on the Formation of their Embryos. By MM. DELPECH and COSTE, being a Memoir which obtained a Gold Medal from the Institute of France. Paris, 1834. Rouvier and Bouvier, fol. pp. 185, plates.**

THE volume now before us is the first of a series of memoirs which the author proposes to publish on the generation of mammalia. It contains the researches of M. COSTE, on the ovology of the rabbit, a second on incubation, and has lately been followed by a third (which the author has obligingly transmitted to us) on the development of the ovum in the sheep.

The obscurity with which human and comparative embryology has been hitherto enveloped, and the little progress we have made, even in modern times, towards the resolution of many important questions connected with the formation and development of the embryo at an early period of its existence, do not perhaps depend so much on the absolute difficulty of the subject, as on the faulty method generally pursued by most anatomists who have studied this interesting and obscure branch of the science. Most writers in fact have bestowed all their attention on giving a minute and accurate description of the embryo arrived at some certain degree of development; hence many apparent contradictions, and the confusion unavoidably arising from detached observations on the structure of beings perpetually presenting itself under different phases. M. Coste has pursued a contrary and far more philosophic method; without neglecting what has been written by the various authors on ovology, he has pursued his observations in a continued series, and has thus been enabled to give us a precise and detailed account of what passes, from the first appearance of the ovum in the ovary, to the complete organization of the fœtal membranes in the uterus. Although he has left some few points undecided, his memoir contains the germ of several important discoveries, which we shall endeavour to lay before our readers by a rapid analysis.

Before we arrive at the researches peculiar to the author, it may be useful to say a few words on the state of the science at the time he commenced his experiments. Do the females of animals in the class mammalia contain ova analogous to those of oviparous animals; or is the product of the ovary in the former class, of a nature quite distinct from that of the latter? This latter question has long agitated physiologists, and only lately has been decided in the affirmative; we shall see in the sequel how the observations of M. Coste have established a complete analogy as to the fundamental plan of formation, between the ovum of the bird and that of the mammalia.

De Graaf was the first who described the existence of true ova in the uterine cornua of rabbits: he sought the same bodies in the ovaries, but was unable to demonstrate directly their existence. Yet from analogy he was led to conclude them to be identical with the vesicles of the ovary, although the latter were always ten times larger than the little bodies he found in the uterus. William Cruickshank made a similar observation as to the difference of size between the two bodies, and in 1825, MM. Prevost and Dumas, in their third memoir on generation, assure us that the ova found in the tubes of the rabbit have only a diameter of two millimetres, while the vesicles of Graaf have at least eight or ten. They also relate that on two occasions, having opened a vesicle of Graaf in the ovary of a rabbit, and collected the fluid which came away, they found a small body having a diameter of about one millimetre, floating freely in the fluid: this seemed to them the true ovum; however, as it was smaller and more opake than the ova of the uterine cornua, they had some doubts on the subject, which was not examined further. Still later, Baer repeated the observations of M. Dumas; he always found the ovoid body contained in the vesicle of Graaf, and immediately conceived the idea of its being an ovum contained within another ovum, an idea which he expressed in an algebraical form, characteristic of German physiology, viz., "an ovum raised to the second power."

Such was the state of the science when M. Coste commenced his researches on the formation of the ovum in mammalia,

and here let us take a brief view of the most recent discoveries on the formation of the ovum in birds, without which we should be unable to establish the point of analogy between the two classes with sufficient clearness. The ovum or egg of the bird in the ovary is contained in a capsule, to which it does not adhere at any single point; when arrived at maturity, the egg escapes from this capsule, by a mechanism which we know nothing of, and is seized by the oviduct. The structure of the egg in the ovary has been particularly examined by Baer and Purkinge in modern times. The first has described a small cavity in the middle of the yellow of the egg, which communicates by a canal with the exterior of the egg, at the point where the cicatricule exists; here Purkinge has found a very small, flat, diaphonous vesicle, which appears to have arrived at the surface of the yellow, from its centre, by the canal just noticed, and which is only found in the ova contained in the capsule in the ovary: it has disappeared from the ova when in the oviduct. Purkinge seems to be of opinion that this vesicle forms the blastoderme, by the expansion of its two hemispheres. Were this true (as M. Serres, reporter on the Memoir to the Institute, observes) it would follow, that in the commencement the animal is nothing but a simple vesicle, whose first transformation consists in a flattening into two segments of spheres in contact with each other. But to return to our author. M. Coste, like his predecessors, constantly found the small ovoid body in the centre of Graaf's vesicle, and, moreover, established by observations peculiar to him, certain phenomena of organization which prove this body to be the true ovum of the mammiferous female before fecundation has taken place. M. Coste extracted one of these ova from a vesicle of Graaf in the rabbit, and submitted it to microscopic observation, when he found it to be composed of the following parts; viz.:—

1st. An external envelope, extremely transparent, analogous to the vitelline membrane in the egg. This membrane, as in the bird, is formed in the ovary, encloses an opake fluid, has nothing to do with the formation of the ves cls and at a later period envelops the fœtus and its annexes without being continuous with them.

2nd. The vitelline membrane encloses a spherical mass of a gray-yellow colour, and composed of granules.

3rd. Finally, a diaphonous vesicle, identical in form, aspect, and position, with the vesicle of Purkinge.

Such is the structure of the ovum of the rabbit, while yet contained in the ovary. M. Coste has found the same ovum in the uterus, twenty-four hours after copulation: it was then so small as to require the aid of a strong magnifier to be seen, and no longer presented the transparent field which marks the existence of Purkinge's vesicle. This is a new point of analogy, which serves to determine the identity of these two bodies.

On the third day the author found from five to seven ova in the cornua. They had now acquired the diameter of a line, and did not adhere at any point to the surface of the uterus. One of these, placed in water, appeared composed of a single membrane; but as it incloses a liquid more dense than water, the phenomenon of endosmose soon took place; and the fluid, in entering, completely separated another membrane closely applied to its inner surface: hence the ovum in the uterus is composed of two membranes; one external, very clear, which the author calls "vitelline;" the other internal, enveloping a matter analogous to the vitellus, and therefore termed "blastodermic."

On the sixth day after copulation, the uterus commences to exhibit internally certain phenomena, which as yet were imperceptible. The internal membrane in the traject of the mesenteric line forms two parallel ridges, running along the axis of the uterine cornu, and to which the ova become attached at a later period.

On the seventh day we commence to perceive the first traces of the embryo, consisting simply of a spot formed by a cloud of granules. The ovum has now a diameter of three lines and a half. When plunged into water, and submitted to the action of endosmose, we see that this spot exists on the surface of the blastodermic membrane, or in its tissue. We can distinguish the line along which the cerebro-spinal axis of the embryo is to be directed

—an axis that always follows the longitudinal axis of the cornu.

From the eighth to the ninth day the general forms of the embryo begin to be traced: the vitelline membrane becomes closely connected with the blastodermic, from which it cannot now be separated by the action of endosmose. At this period, also, the uterus throws out an adventitious membrane (the cortical membrane of Baer), which incloses each ovum, but which disappears at a more advanced period of gestation.

As the embryo becomes developed, a small portion of the blastodermic membrane is found attached to the intestine by a very small pedicle, while the greater portion is outside the belly, and now assumes the name of vesicula umbilicalis. In the rabbit this vesicle is very considerable, and the embryo, whose abdomen is turned towards it, is sunk in a depressed line in the vesicle; this depression gradually augments, and the embryo gradually pushes before it the portion of the vesicle next the abdomen, and thus becomes by degrees enclosed in a double bag, similar to that formed by a double night-cap on the head. The blastodermic membrane, now become the vesicula umbilicalis, and invaginated, as we have just described, contains between its two layers a viscid diaphonous fluid, which is soon removed, and the two layers become at length confounded together. It is well to remark that this envelopment of the fœtus by the vesicula umbilicalis is an exceptional phenomenon, only seen in the family of the rodentia,—the two membranes enveloping externally to the amnios. The fœtus of other mammalia have a different origin. On the ninth day, also, we begin to see the omphalo-mesenteric vessels passing from each side of the fœtus to the inner surface of the invaginated vesicle, and the amnios, which is detached from the body of the embryo by the interposition of a fluid. Towards the tenth day the ovo-urinary bladder is seen emerging from the hypogastric region of the fœtus. The evolution and march of this membrane furnish one of the most curious and novel facts contained in the memoir now before us. As we have just said, about the tenth day this bag is seen emerging between the pubis and external surface of the vesicula umbilicalis; it then turns round to gain the dorsal surface of the embryo, and becomes applied to the centre of the tumefied eminences already noticed in the uterine cornua. The successive developments of this bladder or bag give rise to three remarkable phenomena:—

1st. It forces the embryo to make a demi-revolution towards the mesenteric line, which the abdomen now regards.

2nd. The second phenomenon is its interposition between the portion of the vitelline membrane lining the tumefied circumvolutions, and the fœtal layer of the vesicula umbilicalis, which latter it forces into contact with the external layer.

3rd. Finally, from the tenth to the eleventh day, the first traces of the umvilical vessels are seen ramifying in the ovo-urinary bladder, the development of which forces it through the layer of vitelline membrane separating it from the tumefied convolutions; those two parts now become united, and the vessels increase in size, commence to ramify, and, finally, form the placenta. Here then we have a perfect analogy with what takes place in the chick; the ovo-urinary bladders in both have a close resemblance, and we obtain a proof of the curious fact, that the placenta being nothing more than an hypersarcosis of the ovo-urinary bladder, and this latter being continuous with the true urinary pouch, it is by the bladder that the fœtus of the mammalia is connected with the uterus and nourished.

Thus we see that the ovum of the rabbit is completely free from adherence with the uterus for the first 9 or 10 days; the rudimentary fœtus which each contains must, therefore, receive nutrition from the fluids secreted by the uterus, because the small quantity of vitellus which the ovum in the ovary contains, disappears within the first few days, and is consumed in the rapid formation of the blastodermic membrane. The fluid contained in the vesicula umbilicalis is a secretion, and not a nutrient fluid, because the quantity increases rather than diminishes during the early period of development of the ovum.

It would now remain for us to notice the researches of M. Coste on the anatomy of

the egg, and his more recent memoir on the development of the ovum in the sheep; but the former is a subject which does not present so much novelty in this country, and we propose noticing the latter in junction with the result of the author's subsequent researches. We cannot conclude without recommending warmly the present volume to the attention of our readers. The facts advanced by M. Coste, though in most respects new, are based upon incontestable observations, and altogether throw a light upon this difficult subject which reflects high honour on the young and talented author.

MEDICAL SECTION
OF THE
BRITISH ASSOCIATION.

From the variety of letters which we have received relative to the proceedings of the medical section of the British Association at Dublin, we find that those proceedings have become the theme of the most contradictory representations. By one party in that city they are spoken of in exaggerated terms of praise; and by another they are as much depreciated below their proper level as they are raised above it by the former party. It may be possible to explain, though it is impossible to reconcile, these contradictory opinions.

Before, however, even an approximation to a correct verdict on this subject is attempted, it will be well to consider for a moment the circumstances under which these controverted proceedings were produced, and what in fairness ought to have been expected from them. Instead, therefore, of inserting any one of the letters on the subject which have been sent to us (the letter at page 761 refers to other points), and without being led away by the absurd pretensions of the one side, or the disparaging judgments of the other, we shall devote a short space to an attempt to arrive at a rational appreciation of the question at issue.

No one, we presume, who is acquainted with the present condition of the medical profession in these countries, could expect that much new and valuable matter of any description could be elicited from a mixed and temporary meeting of its members. The most that could be anticipated from such an assembly would be the production of accidental facts, which had been picked up in practice, much in the same way as a man who is continually moving through the auriferous alluvium of the mine-stream, now and then finds some more valuable particles of the precious metals. For the application of such facts, or the prosecution of the indications of inquiry to which they tend, the labours of the practitioner, in the present never-ending toil of duty, unhappily leave him but little leisure. Like the laborious workman in the gold countries, who has no moments for applying the principles of geology to his pursuits, so is the physician of the community afforded but little opportunity for arranging, under the principles of his science, the various truths which tend to elicit, illustrate, and confirm them. Working, too, at the utmost disadvantage,—having been compelled by a wretched system of education to commence his studies with those sciences with which he should conclude them, and often forced to begin even these at the wrong end,—his judgment is impeded, and his information is necessarily abridged. At the same time he is practically and theoretically taught to believe, that the mere application of medical science to the immediate duties of his profession, is the only object worthy of his consideration in after-life, and, in verification of the doctrine, he soon discovers that it is easier to follow up the precepts and examples that have thus been set before him, than to begin anew and correct his erroneous impressions, or to supply the deficiencies of an ill-devised and ill-conducted system of education. On every side he observes men who are totally ignorant of the medical sciences obtaining the highest honours and stations in the profession, and he every where finds the fatal apophthegm realized, that pecuniary success is alone the test of knowledge and ability in his art. In fact, he sees, from all that passes around him, that the art of obtaining what has been called "eminence" in medical science, is in no respect connected with a

proper understanding of those sciences themselves, and to that art, thus isolated, he consequently directs his whole attention. In one word, commencing his care erunder the baneful curricula of ignorance and misrule, he too often terminates his course as a mere charlatan.

The prevailing schemes of medical education, the objects of their founders, and the policy of a host of corrupt institutions, have tended, without ceasing, to produce results so truly mischievous to the science which has fallen within the sphere of their action.

From an assembly, therefore, of individuals forming part of a body which has been forced within the operation of these vicious influences, neither unity of purpose among the whole, nor instances of high excellence among individuals, ought rationally to have been expected; and with a strong sense of the truth of this position was it that we last week urged the propriety of associating with the medical section those other men of science whose minds have been trained in better and exacter schools.

And have we not some clue to the extravagant opinions which have been circulated about the proceedings of the medical section in Dublin, by considering that the estimate of those proceedings is, in fact, a part and parcel of the system which we have thus briefly remarked on? We are certainly ourselves disposed to regard the staring eyes, the gaping mouths, and the uplifted hands of the eulogistic party, as evidence of the deficient school to which they belong, save those amongst them who belong to no school at all but one of self-interest and personal aggrandizement,—those by whose instrumentality these absurd fictions have been sent abroad.

In making these remarks, we are impelled by no feeling of disappointment at the results in the medical section. On reviewing the proceedings of that body as they appear in the pages of the Dublin periodical, we are bound to say that they are precisely such as might have been anticipated from a company assembled together under the circumstances we have described. With a few exceptions, the papers and discussions which make up these proceedings must be regarded as very superficial in character, and rising but little above the level of the ordinary business of a medical debating society. That which is both curious and interesting may be a long way from possessing the qualities of originality and value. We should be sorry, indeed, if foreigners were required to estimate the state of science and the extent of research amongst us by the additions made at this meeting to our own knowledge, and European medicine in general. Seldom, indeed, has a more remarkable occasion occurred for testing the justness of the reputation of those who are accustomed to rank themselves as at the head of the profession,—not one of them having contributed a paper, or even an observation, deserving of record in the pages of science. Neither CRAMPTON, nor COLLES, nor MARSH, nor GRAVES, nor KIRBY, nor any one of a whole host of other "eminents" in that quarter, evinced a sign of the connexion which we are expected to regard as existing between their attainments and their claims to reputation. The curriculum-makers and the certificate-signers were dumb as mutes around a grave. In fact, no spectacle could more strongly impress on observers the shallowness of their pretensions to the character and stations which they have assumed.

In making these observations, however, nothing can be further from our intention than to cast a censure on such meetings, or on the objects of them. On the contrary, we consider them, as we have already said, to be a most valuable means of enlarging and improving the boundaries of medical science, and the scope of medical intellect,—of exciting real genius and of unmasking empirics,—and of strip- from "scientific" and "eminent" daws, their stolen plumage; and they have, and shall ever have, our zealous support. Against errors and imperfections will we humbly endeavour to caution their conductors and supporters; and certain are we that the spirit in which the *British Association* has originated, will ultimately achieve for every department of the institution honourable and excellent results.

We missed from this meeting, one who

could not have been included among the objects of our strictures,—Dr. MACARTNEY. It is very probable that Dr. MACARTNEY, acting on the opinion mentioned in the pages of this journal in a late article on some proceedings of the Dublin College of Surgeons (stating that the meeting of the *British Association* would be seized on by persons belonging to the College, to secure to themselves a temporary notoriety), thought it becoming his character rather to absent himself altogether than to incur the suspicion of mingling in the intrigues of pretenders to science. That such a feeling exists among many of the best friends of the Association, and to so great an extent as to call in question the propriety of mere practical medicine being made the subject of one of the sections of the body, is very certain. Such a plan, in fact, affords too facile an opportunity, too seductive a temptation, to routinists, to puff themselves as practitioners, and, as a consequence, to bring the whole institution into disrepute. Excluding altogether the consideration of the motives of such persons, the time of such an assembly ought not to be occupied with interminable dissertations about unimportant points of what they are pleased to call "medical practice." Too much of such materials, however, was mixed with the proceedings of the medical section, and unless the Association take the precaution to prevent future verbiage of the same kind from spouters about "their practice," all the higher purposes of this branch of the institution will fail. Some of the papers now appear in public for the second time, and on this account, as well as another to which we last week adverted, should have been regarded as inadmissible among the proceedings of the Association. Of this character is the first paper in the report of which we last week began to publish an abridgment,—that on the internal use of chloride of soda in fever. It must rank among the "disinterments." Like most of the pharmaceutical bagatelles of the author,—and they are all sources of as much pride to him as were the sauces of KITCHENER to that worthy cook,—it had not even the poor merit of originality, for it has descended to him through three or four proprietors of the nostrum. The author, however, as our readers are aware, speaks in the highest terms of its utility, as he always does of the last medical toy which he constructs to amuse the professional public in Dublin; and as if his own authority were not sufficient, which no one could doubt in such matters, he quotes the certificate of his friend and colleague Dr. Stokes in favour of the remedy. A short discussion ensued on the reading of the paper, in which a single question proposed by Dr. ALISON placed the merit of the chloride in rather an awkward predicament. Dr. ALISON asked "whether wine and stimulants were used during the time of its exhibition;" to which the doctor replied, that both were given along with the chloride; but without adding one word in illustration of the question whether the recoveries were attributable to the wine and stimulants, or to the wonder-working chloride. If medical practitioners can advertise themselves through the medium of the Association on such easy terms as these, there is not a drug in the materia medica that will not, in a few years, be re-elevated to the dignity of a specific,—a station which they have already all of them once before attained during the protracted progress of medical science.

Here we must for the present break off our remarks.

THE LANCET.

London, Saturday, September 12, 1835.

THE cholera has nearly ceased its ravages in the south of France, and seems to have taken a south and easterly direction, along the countries bordering the Mediterranean sea. It has penetrated into Piedmont in spite of the strictest precautions, and now prevails with more or less intensity at Nice, Coni, Livourne, Genoa, Florence, &c.

The Italians appear to be more terrified than even the population of southern

France, and the King of Naples has published the most strict decrees, ordering the punishment of immediate death to follow any infraction of the quarantine laws. It remains to be seen whether the epidemic will be alarmed by these sanguinary regulations.

In The Lancet of Aug. 29th, we inserted a copy of the "Lectures-Publication Bill," which had then been read a first and a second time, and had been partially discussed, in Committee, in the House of Commons. The defects of the Bill were so obvious that they needed scarcely to be illustrated through the instrumentality of criticism. The measure was altogether, in fact, a worthless and an useless production. Private lecturers were not already without the protection of the law, and,—thanks to an independent medical press, and thanks to Lord Eldon, and thanks, too, to the Abernethian conspirators of 1826,—public lecturers may still continue to receive the sanction of public opinion, if they be men of ability, while, through the operations of the press, if they have not knowledge for their shield, they must speedily incur degradation and disgrace.

What change, then, was wanted in the system? None that we can discover. However, a Bill was concocted for a particular purpose; it has since passed the legislature, and it has, on being honoured with the Royal assent, become the law of the land. As at first introduced, the Bill was, in truth, a very silly document, and might have been a mischievous one. Probably, however, now it is something else than a harmless production. Presently we shall advert to the amendments which we introduced when the House was in committee, on the third reading of the Bill, but before doing so we shall take the opportunity of publishing, in The Lancet, an article which has been printed in the pages of that collection of stupidity entitled, "The Medical Gazette." Never before was knave and blockhead more thoroughly ensnared by a net of his own construction than has been the miserable literary hack. We offer no apology for publishing the article, because the profession ought to know that the dirty scribe who at first issued the "Medical Gazette" under the direction, by the aid, and with the subscriptions of the hospital surgeons, is still as stupid, is still as knavish, is still as cowardly and malignant, as on the first day when he entered on his disgusting vocation. The following is the article in question extracted from the Number of the work dated Aug. 29:—

"*Attempted Invasion of the Property of Lecturers.*

"The *honourable* member for Finsbury has been trying his hand this week at a little business quite in his own line; and we have to congratulate the respectable lecturers of the metropolis on his signal exposure and defeat. The law for the protection of the copyright of lectures is now secure, and will soon be available against all such unblushing invasions of property as have of late years been committed: *piracies* may no longer be perpetrated with impunity.

"A bill, which was long wanted, was introduced recently into Parliament; it passed the Lords, and was ordered to be printed by the House of Commons last week. Its object was simply to extend to lecturers that protection of their rights and their property which authors of every other description enjoyed; even dramatic authors, who were long supposed to be peculiarly disentitled to any privilege respecting the representation of their works, had a special law of great liberality not long since passed in their favour; and it was now only sought to put lecturers on something of the same footing. We shall give a copy of the Bill presently, as it was laid before the House of Commons, but may here take occasion to notice its principal clauses:—Authors of lectures, or their representatives, to have the sole right of publication—a penalty being laid on all other persons publishing in any manner the said lectures without their owner's consent; the penalty to extend to printers or publishers of newspapers pub-

lishing lectures without leave: persons privileged to attend lectures not on that account at liberty to publish them; and, finally, a clause or two to prevent any interference with the existing law of copyright, &c. What could be more simple, straight-forward, or honest, than this? But we were deceived in supposing that no objection could be raised against it.

"On looking over the list of motions to be made in the House of Commons this week, our curiosity was somewhat excited by observing the name of Wakley attached to one of them; it was to the effect, that *he* was to prevent the passing of the lectures-Publication Bill—by moving that it should be read that day three months. We were anxious to know on what ground opposition could with any decency be publicly offered to such a measure. It came out in due time. When the second reading was moved by the Lord Advocate, the *honourable* member rose, and thus attempted to carry his point:—

"He opposed the second reading of the Bill; the object of it," he said, "seemed to be to protect public lectures. If it were intended to make a distinction between private and public lectures, that was one thing; but if it was intended to shield public lectures from public observation and criticism, no such Bill ought to be passed by the House. Lord Eldon had held that the publication of lectures was a breach of contract; but the injunction obtained on that occasion had been dissolved. Suppose a person delivered a discourse injurious to the public health or *morals*; was he to be shielded from public inquiry? By this Bill not a passage of a lecture, not a paragraph, could be published, without subjecting the party to action. How could a lecture be criticised unless some portion was cited? Public lecturers received large fees for delivering lectures, and persons were required to hear them; they ought, therefore, to be open to public criticism. Unless the principle of the bill was changed, he should move that it be thrown out at the third reading.

"'The Lord Advocate said, that the principle of the Bill was merely that lectures should be equally protected as books and other literary property; that no man should have a right, by coming to a lecture, to take it away, and publish for his own benefit what belonged to the person who originated the lecture.

"'After a few words from Mr. Warburton, the Bill was read a second time, and ordered to be committed.'

"Before we offer a word of comment, let us give the brief history of the remainder of the honourable member's crusade against the bill. On the following day he was so rash as to press his *amendment* to a division, when he was unlucky enough to find himself in a minority of 29 to 9. Previous to this result he attempted to qualify his opinions, for the satisfaction of his audience. 'He conceived,' he said, 'that *private* lecturers ought to be protected as well as authors; but *public* lecturers by no means. The medical officers, for example, of St. Bartholomew's, divided 8000*l.* a year among them: ought *they* to be protected?' But enough: the bill in the end went through the requisite formalities for a third reading, with scarcely an alteration.

"Was ever effrontery more signally displayed, or more deservedly disappointed? And such an argument, too, to be broached in such a quarter! A public lecturer, forsooth, might deliver something offensive to public *morals* (we protest we cannot help smiling to find *morality* defended by such a champion); and because public morals might be outraged in the lecture-room, therefore the lecturer should have no right to restrain the publication of what he uttered, but anybody might give the said outrage to the public in a printed form! How convenient all this would be for a certain contemporary of ours,—by whom lectures are deplorably wanted, and those of the prurient and immoral kind more especially,—cannot have escaped the notice of the most casual observer.

"But perhaps some may be good-natured enough to suppose that the worthy member meant, by his attempted distinction between the public and private lecturer, to draw a line between the teacher who quietly devotes himself to the instruction of his pupils, and the canting or political brawler who disseminates sedition or blasphemy through the land, by holding forth, *ex cathedra*, to a motley throng of deluded hearers. Alas! no; the honourable M.P. takes no count of the Carliles, the Taylors, the Roebucks, or the lecturers of White-Conduit House or the Crown and Anchor: his small artillery is levelled only against the *medical* lecturers of the metropolis; they are the game he hungers after, and by all means *they* must be made to

"'Bring grist and grain to Perio's mill.'"

"That the *medical* lecturers alone were aimed at in this gross attempt to invade the property of a particular class of authors is but too evident from more than one passage in the effusions given above. 'Public lecturers,' says the worthy orator, 'received large fees for delivering lectures, and persons were *required* to hear them; they ought, therefore, to be open to public criticism.' And lest this should not be in-

telligible enough, we have him subsequently singling out the medical officers of St. Bartholomew's, as lecturers who ought not to be protected. Who can mistake the meaning of all this?

"Possibly it may be said that it was intended to draw a line of distinction between those establishments which were largely attended and those of minor extent. But where was the line to be drawn? And, besides, if the school of St. Bartholomew's is to be accounted a public school, so must every one of those instituted on a similar plan, and their teachers be considered as public lecturers.

"We have given more space to notice the sophistry and blundering of our honourable contemporary than perhaps the subject deserves. Let us take a brief glance at what has been the state of the law hitherto respecting lecturers' copyright, in order that we may the better appreciate what has now been done. From various decisions of the judges, it has long been held a settled point that a court of law would entertain an action, and a court of equity afford its relief, against a person who ventured to publish any literary composition without the consent of the author, although the author might have published it in a different mode from that of printing—as in *lectures*; or by recitation—or, if any person presumed to publish the lectures or recitations of the author, which had never been reduced to writing; for these were considered as much his composition and property as a book that had been issued in print, although great difficulty might occur in proving the piracy.* It was also understood that there was an implied contract, that any pupil or other person privileged to attend a lecture was not thereby entitled to publish it without the lecturer's consent.

"The member for Finsbury, not unwilling to allude to transactions of a disreputable nature happening within his own experience, says that the injunction granted by Lord Eldon was afterwards dissolved. So it was; but the worthy M. P. forgot to add that Lord Lyndhurst, when Chancellor, openly disapproved of the lenity of Lord Eldon in the case of Abernethy *v.* the Lancet, and held that the injunction ought *not* to have been dissolved. At all events, it has for some time been recognised as a standing rule, that where the lecturer's manuscript was forthcoming, notes of a *written* lecture might not be published without the author's consent. Hence the anxiety of our worthy contemporary to have no new law passed. Alas! there can now be no more piracy: 'Othello's occupation's gone!'"

Nothing can exceed the ignorance, unless it be the envy or the malignity, of this commentator. Poor wight! He has written, throughout, in a manner the most stupid that it is possible to imagine. The dunce scarcely seems to be aware that two and two make four. He knew nothing of the law before the Bill was introduced; he knew nothing of the law as it was intended to be made by the Bill; he knows, we will venture to say, nothing of the law as it stands now that the Bill has become an Act. But he will soon know whether the "*honourable* member for Finsbury" was "defeated" when he proposed his amendments. Out of seven amendments which were moved by the "*honourable* member," *six were adopted*; and it so happened that he did *not* move that the Bill should be read a second time that day three months at all. He *did* propose that the clause (clause 2) should be omitted which interdicts *newspapers* from printing a lecture or lectures without leave, which motion was negatived; but by causing the words "or any part or parts thereof" to be expunged from clauses 1 and 3, the tendency even of clause 2 was altered, to his entire satisfaction. Then, again, in clause 4, which exempts from the operation of the Act, lectures which have been published with the leave of the authors or their assignees, he caused these words to be added;—"or to any lectures "which have been printed or published "before the passing of this Act." These words were introduced out of mercy to the unfortunate HACK himself, recollecting that he had printed the lectures both of Dr. ELLIOTSON and Mr. LAWRENCE, after the consent of those lecturers had been expressly withdrawn from him. Further, we must remind our amiable and intelligent critic, that clause 5 stood thus in the original draft of the Bill:—

"* Willcock: Laws of Med. Profession, 131."

"Provided further, that nothing in this Act shall extend to any lecture or lectures, or the printing, copying, or publishing any lecture or lectures, or parts thereof, of the delivering of which notice in writing shall not have been given to two justices, living within five miles from the place where such lecture or lectures shall be delivered, two days at least before delivering the same."

And we have here the pleasure of presenting him with clause 5, *as it now stands in the Act*, the *amended* part of which, for his better guidance and instruction, we print in italics and small capitals.

"Provided further, that nothing in this Act shall extend to any lecture or lectures, or the printing, copying, or publishing any lecture or lectures, or parts thereof, of the delivering of which notice in writing shall not have been given to two justices, living within five miles from the place where such lecture or lectures shall be delivered, two days at the least before delivering the same; *or to any lecture or lectures delivered in any* UNIVERSITY, *or* PUBLIC SCHOOL, *or* COLLEGE, *or in any* PUBLIC FOUNDATION; *or by any individual in virtue of or according to any* GIFT, ENDOWMENT, *or* FOUNDATION; *and that the* LAW *relating thereto shall remain* THE SAME *as if this Act had* NOT *been passed.*"

Can anything be more ludicrous than the position of the detected, exposed, and defeated commentator? But it is heartless to laugh at the blunders of such a fool.

In another column of THE LANCET will be found a brief notice of the anniversary meeting and dinner of the Birmingham School of Medicine. We cannot say that we have read the Report of the proceedings, as they appear in the *Birmingham Gazette*, with any degree of satisfaction. Anniversary celebrations of useful institutions are not without their advantage, when they are properly conducted, and when the great object, or what ought to be the great object,—that of improving the condition of human nature,—is steadily kept in view. But the round of breakfasts and dinners, and laudatory speech-making, is a perversion of good sense. It throws around the beautiful frame of science, the tinselled and disgusting mantle of quackery. Instead of partaking of the calm and sober display of a philosophic exhibition, it reduces the most noble aspirations to the flowing effusions of professional flattery and intrigue. We wish the *Birmingham School of Medicine* every possible prosperity, and, indeed, we may speak affectionately on the subject, for that school would not now have had an existence if THE LANCET had not cut up, by the roots, the odious monopoly which the London College of Surgeons had endeavoured to establish, and had for a time, succeeded in establishing, in 1824. But these annual festivals induce us to inquire on what principle the Birmingham School was established; whether it is a public or a private institution; whether it is open to the practitioners of Birmingham, or has its doors closed against them. If it be a public school, the public should know that fact, that they may derive the resulting advantages from one of their own institutions, and then let festivals be held, as many as may be, in celebration of the generous benefactors through the aid of whose contributions it was established. If, on the other hand, it be a private school—a mere private speculation,—where cards of admission are sold on the usual terms, and the ticket-system is carried on on the usual terms,—the less puffing that takes place in the shape of anniversary festivals, the better.

We make these inquiries, in order that we may obtain information, for, really, at this moment, we do not know whether it is a public or a private establishment,—whether it is supported by public or by private funds. At any rate, one thing we can discover, namely, that it is tainted by the odious spirit of party. "Oh!" it will be said on the occasion, "Sir EARDLEY WILMOT belongs to no party." It does

not follow, however, that because that hon. baronet occupies a conspicuous seat in the dilly in the House of Commons, he does not belong to a party *out* of that assembly. However, we are willing to admit that he conducts himself in the House with the most honourable impartiality,—that he sometimes votes with the reformers, sometimes with the Tories, and a more respectable gentleman we believe could not have been selected for the office of chairman. But let the reader examine the list of toasts which were given, as we find them in the Birmingham newspaper, and which were drunk in the following order:—

The King.
The Queen.
The Princess Victoria and the rest of the Royal Family.
The Army and Navy.
The School of Medicine and its Founder.
The Patrons.
The Lecturers.
The Chairman.
Dr. Johnstone.
The Rev. Chancellor Law.
Dr. John Johnstone.
The Examiners.
The Theory and Practice of Medicine! (Dr. Conolly's toast.)
The County Members (Why not also *the Borough Members?* Oh, party.)
The Medical and Surgical Officers of the different Institutions of Birmingham. (The profession *not* of the Institutions, forgotten.)
The Clergy of the Diocese.
Dr. Pearson.
Dr. Arnold and Mr. Meredith.
The Royal College of Physicians.
The Pupils of the School. (Almost forgotten.)
The County Magistrates. (The *Parish Beadles* forgotten.)
The Stewards.

With the exception of that of the poor old College of Physicians, which seems to be placed in its proper situation on the list, as a mark of its *downward* career, there are scarcely four toasts which are not either misplaced or wholly unsuited to the occasion. Leaving out of the question the names of the men of *science* which were omitted at this scientific *medical* festival, what are we to say when we see that four toasts are introduced, all in compliment to *royalty*—one to the *army and navy*, some eight or ten to single individuals, one to the *clergy of the diocese*, one to the *county magistrates*, (we marvel that "*The New Police*" was not added), while the members of the Melbourne Ministry, who, in appointing the Parliamentary Committee of Inquiry, did more for medicine in England than all the previous Ministers of the Crown who have ever existed in this country,—were wholly passed over on the occasion, as also was the name of Mr. WARBURTON, by whom the motion for the appointment of that Committee was made, by whom the proceedings of the Committee were regulated, and under whose unremitting exertions and attention the evidence taken on the Committee is now in a course of publication by the House of Commons. Fah! Fah! The spirit of party is never so odious, is never so hurtful to society, as when it finds admission into our Halls of Science, and converts the mild voice of humanity and philosophy, into the raven croak of party prejudice.

SOME of the arrangements under the new Poor-law Bill having been brought before the notice of the House of Commons on Monday last, the opportunity was embraced of calling the attention of the Secretary of State for the Home Department to the manner in which medical contracts had been effected in the Unions by the Poor-law Commissioners, and the subject was briefly noticed as follows in the newspapers of the following morning:

Mr. WAKLEY said, that as the subject of the Poor Laws was before the House, he thought he should not discharge his duty to the poor, or to the profession of which he had the honour of being a member, if he were to refrain from calling the attention of the Noble Lord, the Secretary of State for the Home Department, to the manner in which medical contracts had been effected for the treatment of the necessitous poor in several of the newly-esta-

blished parochial Unions. The complaints on the subject were loud and general. The poor considered that they were designedly neglected, and medical practitioners considered that they were studiously insulted by the mode in which the Commissioners had proceeded. In short, the new system, with reference to medical attendance, was exceedingly objectionable, and, if it were not altered, would give rise to consequences which it was not difficult to foresee. The plan seemed intended for the destruction rather than the protection of the poor. In many instances the medical contractor visited patients at a distance of from fifteen to eighteen miles from his home, and he (Mr. Wakley) would fearlessly contend, that there must arise from that circumstance, not only great additional human suffering, in many cases, but, in others, inevitable loss of human life. In cases of accidents, in fractures of the skull, in wounds of bloodvessels, an immediate necessity arose for the attendance of a surgeon: it was impossible, therefore, that the poor could receive efficient aid from medical skill, unless it was provided for them, as nearly as might be, on the spot where they resided. The course that had been pursued by the Poor-law Commissioners appeared to inflict a marked insult on resident surgeons; for the Commissioners had, in several instances, advertised for medical men *out* of the unions, had brought in strangers, adventurers,—persons wholly unknown, unrespected for their skill, and unesteemed for their humanity,—to undertake one of the most onerous duties that could devolve on a medical practitioner; and yet the contractors, in several instances, brought with them no other testimonial of their fitness to fill the office for which they desired to contend, than a receipt for the payment of a certain sum of money to one of the rotten medical corporations of this metropolis. He certainly hoped that the system would be at once abandoned, or he would pledge himself to bring the subject before the House, in a formal motion, early in the next session of Parliament.

LORD JOHN RUSSELL said he would take that opportunity of remarking, with respect to what had fallen from the honourable member for Finsbury, that the subject had engaged his most attentive consideration. He had sent to make inquiry respecting it to the Poor-law Commissioners, who had informed him, in answer to his question, that they took particular care to supply a sufficient number of medical men for attendance on the poor; but that, in some cases, in consequence of the variety of laws which were in force for qualifying medical men to practise, they had experienced some difficulty in accomplishing their object. It was a subject of great importance, and he certainly was glad that the hon. Member had introduced it to the notice of the House, because he (Lord JOHN RUSSELL) was firmly assured that nothing could be more calculated to conciliate the good feeling of the people in regard to the operation of the new Act, than to furnish a sufficient supply of medical aid for the sick poor; while, on the other hand, neglect or indifference on that point would lead to feelings of exasperation which would not be easily controlled. He would conclude by assuring the hon. Member that the subject should engage his most particular attention.

Mr. WAKLEY said that he was sure that every member in the House would feel perfectly satisfied with the assurance that had been given by the noble Lord.

On Wednesday, the following remarks on the same subject appeared in a leading article in *The Times*:—

"Another point was raised in the course of this discussion. It regards the contracts for medical attendance on the poor. We constantly see advertisements for tenders for *one* medical man to look after the health of an agricultural population of 5000 or 6000 persons. The most miserable pittance is awarded by the poor-law authorities as a temptation to starved apothecaries, whose poverty, not their will, urges them to bind themselves to perform duties which it is physically impossible they or any other individual man can discharge. This we take to be *one* of the humane means by which the pressure of the poor-rates is to be relieved, and the relief attributed to the operation of the new poor-law act."

When the House sat on Thursday last, Mr. FOX MAULE, under Secretary of State for the Home Department, again adverted to the contracts which had taken place in the Unions; and stated, that according to the 54th section of the Poor-law Act, the Guardians could apply for whatever medical aid was thought necessary in cases of accident and other emergencies. In consequence of what fell from Mr. MAULE, Mr. WAKLEY moved for an address to the Crown, praying that a return might be laid on the table of the House of the parti-

culars of all contracts which have been effected in the newly-established Unions between medical practitioners and the Poor-law Commissioners.

As the motion was agreed to, the subject may be discussed with advantage, immediately on the reassembling of Parliament: but we may in the mean time express our believe that all complaints on the subject of those contracts will cease, without any farther interference on the part of Parliament or the profession. From what has been said by the Noble Lord, the Secretary of State for the Home Department, it is quite clear that he is pretty conscious of the distress which may ensue from the present mode of conducting the contracts, and that his authority will be exercised to prevent the continuance of the present pernicious system.

Guaco in Cholera.—In a late number we published some observations tending to prove that this substance had been employed in cases of cholera at Mexico with considerable advantage. At the last meeting of the French Royal Academy, the Minister of Commerce acquainted the Academy that he had invited the prefect of Herault to give an account of the experiments performed in his department with the guaco, when the latter was able to refer only to those made at Montpelier. M. Dugès, who had frequently experimented with this substance in the public hospitals, declared that he did not entertain any high idea of its utility; it had been tried on several patients in the hospital *St. Eloi*, and in the general hospital, without producing any beneficial result.

Strychnine in Traumatic Amaurosis.—Jucci, 14 years of age, fell from his horse in the month of June, and in falling received a kick over the left eyebrow, which detached the skin to some extent, and caused a severe contusion. The usual treatment was employed, and the wound healed in twenty days, when the surgeon thought of examining the eye on the wounded side, and found to his astonishment that the pupil was perfectly immoveable, and the eye affected with amaurosis. Thinking the latter disease depended on an injury to the third branch of the fifth pair of nerves, he applied a small blister to the eye, and placed on the denuded surface, morning and evening, the sixth of a grain of strychnine.

The patient had not taken ten grains of this medicine when the pupil recovered its mobility, and tension was re-established in the most perfect manner.—*Il Filiatre Sebezio, June*, 1835.

Until within the last few years our profession has had but few friends and supporters in Parliament. Hence it naturally enough happens that any efforts which are made in their favour, obtain for their authors probably more approbation than they deserve. We fear that our labours relative to the County-Coroner's Bill do not deserve the high meed of approval which is bestowed in the following resolution, but in thanking the *Berkshire Medical Association* for their generous eulogium, we beg to assure them that we will endeavour to prove the sincerity of our gratitude, by complying earnestly and zealously with the request with which that resolution concludes:—

"Reading, Sept. 4th, 1835.

"Sir,—I have the honour to inform you that at a recent meeting of the Committee of the Berkshire Medical Association, the following resolution was passed unanimously:—

"'That the thanks of this Society be given to Thomas Wakley, Esq., M.P., for his able and zealous exertions in Parliament, on behalf of the medical profession, during the progress of the County Coroner's Bill, and that he be respectfully requested to renew and continue the same in the next Session of Parliament.'

"I have the honour to be, Sir,
"Your very obedient servant,
"George May.

"To Thomas Wakley, Esq., M.P.,
"&c. &c. &c."

(*Advertisement.*) — CHARING-CROSS HOSPITAL. — WANTED, immediately, between FIFTY AND SIXTY PERSONS, of ALL AGES, in this establishment. Their presence will be required from 11 o'clock in the morning until 4 in the afternoon. While in hospital they will have no duties to execute, but the hospital duties will be executed upon them, as, in the truest sense of the word, they are to be hospital *patients*. They will be required during the five hours named, to submit to be plastered about the head and face, to be smeared here and there slightly with blood, and to have splints and bandages applied to their limbs, but they will not be required to take any medicine, and will be allowed to consume as much of the hospital gruel as they like. Two or three cabbage-stump eaters, a few *fit* makers, and two or three raving dog-or-cat-bit-phobists, whose cases can be sent to the newspapers, will be allowed sugar in their gruel, and sixpence a day additional pay. At present the concern is a "non-recognised" spec., but should the "charity" succeed, after the 1st of October there will be less of bandaging and plastering, and more pay. Apply at the Charing-Cross Charity, West Strand.

TESTIMONIALS TO QUACKS.

To the Editor of THE LANCET.

SIR,—Is the first of the certificates appended to the following hand-bill, the certificate of a Fellow of the Royal College of Physicians in London? And will the College take notice of it? I am, Sir, with much respect, your obedient servant,

B. NELSON.

19, Singleton-street, East Road.
Sept. 8, 1835.

"A. PAGETT'S RESTORATIVE PILLS.

Continue to maintain their repute as a sovereign remedy for frequent sickness, acidity, heart-burn, giddiness, headache, &c., appetite impaired; breathing oppressed; bowels irregular, sometimes obstinately costive; with languor and depression of spirits; and he would say to all his friends, *Take and try*. Sold in boxes, at 6d. and 1s. each, by the proprietor, &c.; and by Joseph Roberts, tea dealer, grocer, &c.

"As constitutions vary, some will find one pill at a time sufficient.

"The following testimonial is from Dr. RAMADGE, A VERY EMINENT PHYSICIAN:

"'21, Ely Place, Holborn.

"'Sir,—I have analyzed your "restorative pills," and I can safely say, from their ingredients, that you may administer them with wonderful effect to any person troubled with pains in the stomach, attended with nausea, and other complaints. I am, yours, &c.

"'F. H. RAMADGE, M.D., F.L.S.

"'Monday, August 17, 1835.'

"And the following testimonial is from a stoker at Mr. Richmond's brewery:—

"'Sir,—Having been afflicted with severe pains in the stomach, I cannot but feel obliged for your having recommended me to try your 'Restorative Pills,' which have completely cured me by taking two six-penny boxes, which I am ready to attest to any person applying to me.

"'CHARLES BOSCOWEN,

"'Stoker at Mr. Richmond's Brewery.

"'July 1, 1835.'"

LECTURES-PUBLICATION BILL.

To the Editor of THE LANCET.

SIR,—Upon looking into No. 401 of Dr. Macleod's journal, I observe some unjustifiable but characteristic remarks against the liberty of the press from the pen of the editor. I am well assured that the Bill for preventing the printing of public lectures, particularly in respect to the medical community, should it pass into a law, will be a serious grievance and an infringement upon the just and established rights of the profession. It is not many years since I obtained important information, when prosecuting my surgical and medical studies at the University of Edinburgh, by the medium of manuscript copies of lectures delivered at that school, particularly when I happened to be too late for the commencement of the courses, or had to leave previous to their termination. When preparing to undergo examinations, the candidates have at all times received the greatest assistance from the manuscript lectures above-mentioned, the value of which would have been infinitely increased had they been printed. I have been a reader of THE LANCET from its commencement, and can state that the perusal of the lectures it has contained was of the greatest value to me, and I am satisfied that it must have been equally useful to thousands of other readers, both

at home and abroad. Should the Lectures-Publication Bill be carried in the form that the advocates for privacy in matters of medical science desire, and without the amendments which I trust you will have proposed in it, a most serious evil, and a direct infringement of the just liberty of the press, will be the result. I trust, however, for a happier termination of your labours with regard to it, and subscribe myself your obedient servant,

UNUS E MULTORUM.

Sept. 3, 1835.

BIRMINGHAM SCHOOL OF MEDICINE.

THE lecturers, students, and friends of the above School, assembled together in Birmingham, on the 27th ult., to hold the annual meeting of the Institution, when a breakfast, given by Mr. Sand Cox, and a dinner, given by the pupils, prefaced and closed the proceedings of the day. The breakfast, which took place at Dee's Royal Hotel, was attended by more than a hundred gentlemen, residing in and around Birmingham. The company afterwards adjourned to the School of Medicine, where Dr. E. Johnstone presided over a large audience who had assembled to hear the annual report of the School, and an address from the Rev. Chancellor Law, to pass a series of resolutions, including votes of thanks to the various gentlemen by whose aid the school is conducted and supported, and to witness the examinations of different classes in branches of medical science, and the award of prizes to those amongst them whom Dr. Stewart (of Droitwich), Dr. Conolly (of Warwick), and Mr. Tyrrell (of St. Thomas's Hospital), should deem the most worthy to receive them.

Sir Eardley Wilmot, Bart., M. P., took the chair at the dinner, which was held at the Hotel, when a series of toasts were proposed and drunk, with speeches from various gentlemen who were complimented therein. The "evening's festivities were, as the report in the *Birmingham Gazette* states, "prolonged to a late hour."

NORTH LONDON HOSPITAL.

INFLAMMATION OF THE SUBCUTANEOUS CELLULAR MEMBRANE.—EMPLOYMENT OF NITRATE OF SILVER.

GEORGE HEMENS, aged 40, wine-cooper was admitted on July the 4th, under the care of Dr. ELLIOTSON. He is of dark complexion and intemperate habits, and has had gonorrhœa and syphilis, but not lately. During the last two years he has been repeatedly laid up with attacks of bilious vomiting. Last winter he underwent a course of mercury for some complaint of the stomach, during which he caught cold, and has not been well since. About a fortnight ago he was seized with rigors, followed by heat, pain in the head, and thirst. His throat became very sore, first on the left side, and then on the right. In a few days he observed that the skin on the right side of the neck and upper part of the chest was swollen, red, hard, and exceedingly tender on pressure. For these symptoms he was bled twice, and leeches and a blister were applied to the left side of the chest, which, though not red, was slightly indurated. Notwithstanding these measures the disease extended, and gradually spread over the shoulders and along the inside of the arms and fore-arms, rendering motion very painful. The redness disappears when the finger is pressed upon it, and returns immediately the pressure is removed. He feels pain on pressure of the calves of the legs, especially the left. Several indurated lines can be felt on them. Extension of the knee-joint causes pain in the popliteal space. He complains of slight tenderness on pressure of the epigastrium. He has rather a troublesome cough, and expectorates a frothy mucus. Respiration is more or less sibilant over the whole chest, especially on the left side, and he cannot take a deep inspiration without pain. Pulse 90, full; thirst very urgent; bowels confined; urine scanty and very high-coloured; tongue covered with a yellow fur in the middle, but clear and moist round the edges; countenance expressive of great anxiety. The shoulders, arms, and right side of the neck and chest, to be washed with a solution of nitrate of silver; to take ten grains of blue-pill every six hours.

5. He complains of soreness in the throat. The tonsils, velum, and adjacent mucous membrane, are red, but not swelled. The inflammation has not extended beyond the argentis nitras; as it has not been applied so effectually on the inside of the arm, it is ordered to be repeated. Bowels confined; pulse 100; tongue furred. Senna draught, and a gargle for the throat.

7. Improving generally; the neck has become softer, and is not tender on pressure; the gums are slightly tender. The caustic has caused vesication in several places.

21. Has been going on well since last report, but he has had a few rheumatic pains about the shoulders. For these,

blisters were ordered, and they afforded relief; he has also had a tonic mixture containing infusion of gentian. A little blood has appeared in his stools during the last few days, but that symptom is now removed.

23. He cannot extend his legs, from pain in the hams; he has a return of the tenderness in the calves of the legs, which existed on his admission, and several hard tumours may be felt in the right calf. His bowels are confined; tongue clean; pulse 84; no thirst.

August 1. Since last report he has occasionally complained of pain in the palm of the left hand, and also of pain in the ball of the thumb. There has been, too, a slight degree of tenderness in the calves, and numbness in the arms. He was ordered the carbonate of iron, and went on well till the 19th, when he was discharged, cured.

In lecturing on the case, Dr. Elliotson remarked, that he considered it to afford a most admirable proof of the use of the nitrate of silver. There was a similar case to the above in the hospital a short time since, in which the same remedy was not successful, its failure being attributable more perhaps to the improper manner in which the nitrate was applied, than to any other cause; the gentleman who employed it having rubbed the skin with the stick of caustic, not used it in solution, as he ought to have done. It was clear, however, that its application had not made bad worse, for on examination, the cellular tissue was found to be in a pulpy pappy state, both in those places where the caustic had and where it had not been used. Previous to the nitrate coming into use, Dr. E. had seen many cases of erysipelas attacking the head, in the treatment of which he never could calculate on any success; but now he had lost the dread which these cases used to excite, and he applied it freely on the face, or any where else where the inflammation came on, and he generally found it successful; he only bled in those cases where such a proceeding was strongly indicated. The above case would probably have been rendered much worse had blood-letting been resorted to, as the patient was of a very weak constitution. The remedy employed was alone sufficient to subdue a most fearful inflammation, and he could not recommend it more strongly than by pointing to that fact.

Typhus complicated with Phthisis.—Emetics in Phthisis.—Edw. Irwan, æt. 44, was admitted August 21, under the care of Dr. A. T. Thomson, countenance red and much bloated. He was formerly a captain in the army, which post he filled for thirteen years, living very high during that time, and drinking usually two or three bottles of wine daily. He has been twice to the East Indies, where he had several slight attacks of cholera and dysentery. He resigned his commission in 1828, and has since been in most indigent circumstances, having not only been deprived of his accustomed stimuli, but lately without even the common necessaries of life, having been sometimes two or three days without food. Three months ago he had a constrictive pain in the chest, with violent cough, which continued for some time. He began to experience great debility, with lassitude and weariness of the limbs, and occasional pain in the loins. His appetite failed; he had thirst; and his urine was high-coloured. These have continued to the present period, confining him to bed. At present the following symptoms present themselves; extreme weakness and emaciation, the abdomen much sunk, excessive thirst, bowels costive, and the motions light-coloured. Tongue dry in the centre, and covered with a dark-brown crust; pulse 126, very feeble; breathing quick, 45 in a minute. During the last few nights he has fancied that coloured images were floating before his sight. A calomel pill and an opening draught were given, and a mixture containing dilute sulphuric acid and infusion of bark was ordered every two hours.

22. Delirium has come on, and he had a restless night; he gradually sunk, and died on the 23rd.

Autopsy thirty-four hours after death.—Head.—Considerable effusion under the dura mater, and beneath the pia mater. The substance of the brain healthy. *Chest.*—The right lung considerably overlapped the heart; its structure was thickly studded with tubercles in an early stage of development; the other lung was much gorged with sanguineous fluid, but in other respects was healthy. Nothing worthy of remark was evinced in the other viscera, except that the spleen was dark and pulpy and rather smaller than usual, and the stomach was unusually pale, and rather of a bluish tinge, with some marks of vascularity at the cardiac extremity; there were scarcely any appearances of rugæ.

Dr. Thomson, in making some remarks on this case, said, that though the history of it was less satisfactory than he could wish, yet he considered it to be full of instruction. In the first place, it demonstrated that the middle age of life is not a safeguard, or rather afforded no immunity, from an attack of tuberculous cachexia, which appeared to be produced under any circumstances that could greatly diminish

the nutritive powers; and it might be laid down as an axiom, that tuberculous matter would occur in any one, at any period of life, in whom the structures connected with the vital functions were in a weakened condition. The causes chiefly operating to produce such a condition were, mental depression, improper diet, the abuse of spirituous liquors, and impure air. Now all these existed in the case of this unfortunate officer. The activity of the army being changed into the apathy and indolence of a recluse life, would cause the secreting system to suffer, and the series of glands taking on a new and unnatural action, tuberculous matter was the consequence, which, when once formed, was readily deposited in the various organs that usually suffer in such cases. It was a prevailing remark, indeed, that reverse of fortune was an exciting cause of phthisis in the predisposed, and in his opinion it also operated as a predisposing cause in those who were not hereditarily liable to the disease. Confinement, deprivation of air and light, and an unnatural diet, produced tubercles in the livers and lungs of rabbits in Dr. Baron's experiments: and they were also formed in the cows that were shut up in the houses in the dairy speculation which was tried some years ago at Glasgow. The lungs, however, might have been equally affected had the deceased remained in the army, because he indulged in excesses of the table, a depraved condition of the nutritive organs being as likely to arise from excess as from defect of nourishment. This case also afforded another proof of the disadvantages of lowering the system in the incipient stage of phthisis, with the lancet or by other measures. The tone of the system should be maintained in that stage, without stimulating, and this was most effectually done by a series of emetics (of a kind not likely to cause long-continued nausea), counter-irritation, and a generous regimen, with moderate exercise in the open air, distant from populous cities or towns. Emetics, amongst their other qualities, tended, to use a vulgar expression, to choke up the lungs, and prevent the deposition of tuberculous matter in them. The advantage of this last effect of emetics would be readily understood when he mentioned the fact, that tubercles had rarely, or never, according to Dr. Carswell, been detected in moving organs, and when it was remembered also, that they were found always in greater quantity in the upper and immoveable part of the lungs. If plethora or determination to the head existed, especially in strumous habits, local bleedings, by cupping or leeches, might be resorted to before the patient was placed under a course of emetics. It should always be borne in mind, when prescribing diet, that stimulants exhaust and tonics invigorate. This plan of treating phthisis was not theoretical; it had been acted on already with considerable advantage in that hospital, and at this time a patient, one of three brothers hereditarily disposed to the disease, and two of whom had fallen victims to the old treatment, was on his way to India to complete the restoration of his health. In this case, he (Dr. T.) had no hesitation in affirming that the patient was snatched from the grave by the emetic system. He expectorated purulent matter, had hectic, and the stethoscope detected a cavity in the superior lobe of the left lung. Nevertheless, he recovered so completely, that he lost the hectic state, and the sputa resembled that assumed in the convalescent state from acute bronchitis; and although some slight cough remained, yet he gained both flesh and strength.

ST. BARTHOLOMEW'S HOSPITAL.

ASPHYXIA FROM HANGING.

John Neat, ætat. about sixty, a porter at the Blossoms Inn, Lawrence-lane, was brought into Colston's ward, and placed under the care of Mr. Vincent on the 12th of August, having hung himself on this occasion for the third time, fatal results being averted by speedy assistance and great pertinacity for life in the animal system. A neighbouring practitioner had visited him about half an hour previous to his admission into the hospital, when he was to all appearance quite dead. He opened the jugular vein, a vein in each arm, and both temporal arteries, and the aggregate amount of blood detracted was estimated at nearly four pounds. The condition of the patient when brought into the hospital had undergone some amelioration.

Mr. Allen, the house surgeon, and Mr. Barrow the dresser, commenced a process of resuscitation, employing continued friction over the heart, which accelerated the pulse and augmented the depth of the inspirations; a small quantity of brandy was introduced into the stomach and a draught consisting of carbonate of ammonia with camphor mixture was administered; tin vessels containing hot water were applied to the feet and stomach; a turpentine enema was suggested, and accordingly an ounce and a half of the oil of turpentine, with a pint of gruel was injected into the intestines by means of a syringe. About an hour subsequent to the exhibition of the enema he rallied con-

siderably, with, however, much irregularity of the circulation.

13. Better but incoherent, and requiring to be strapped to the bed. Says he is in the hospital because he was "precipitated from a great height while ascending a ladder."

Nine o'clock a.m. Ordered five grains of the calomel pill, with ten grains of jalap, and an enema of the compound senna mixture.

Four p.m. Bowels unrelieved. Five grains more of the calomel pill, and a scruple of jalap; he takes the saline mixture with two drachms of the sulphate of magnesia every hour.

14. Much better, but still somewhat incoherent. Having evinced some pain in the abdomen he was ordered a blister, the discharge from which has produced sphacelation of nearly the whole of the cuticle covering the left inguinal region, which he says is exceedingly annoying.

18. Still somewhat maniacal, but his general health is progressively improving.

20. The effects of the blister are the sole impediment to his leaving. The vesicated surface has been poulticed.

CANCER.—EXCISION OF THE BREAST.

On the assembling of pupils on Saturday, September 5, in the operating theatre, Mr. LLOYD came into the area, and stated that in consequence of some discrepancy of opinion amongst his colleagues on the propriety of removing a cancerous breast, that operation would be delayed until he had obtained further corroboration of his views, which were, that excision of the diseased mass was not only practicable but desirable. In this opinion he had been supported by Messrs. LANGSTAFF, PARTRIDGE, and others; but Mr. VINCENT entertained contrary sentiments, and on that account he was desirous to procure the opinion of Mr. STANLEY, before he determined on the operation.

The latter gentleman having fully coincided with Mr. LLOYD, the subject of these inquiries was led into the operating room and placed on the table. By means of two semicircular incisions, including a space of about five inches in diameter, the whole of the breast, together with the morbid growth, was removed. The operation lasted about five minutes. After securing several bleeding arteries and strapping the wound, the edges of which could not be closely approximated, in consequence of the great loss of substance, the patient was removed from the theatre. A section of the morbid part was then made, which presented two distinct pathological developments, one part exhibiting the characteristics of true carcinoma, whilst another assumed the soft pulpy appearance of medullary sarcoma, though it wanted the vascularity which that disease for the most part assumes. The patient's name is Louisa Couch, and she occupies a bed in the female operating ward. She is forty-three years old, and states that the disease commenced about a year ago "in the form of a small knot," which gradually developed itself, and had within the last three weeks assumed the size it presented previous to its removal.

Mr. VINCENT'S objection to an operation in this case we understand originated from the existence of morbid enlargement and induration of the axillary glands.

Sept. 7. The woman is doing well, and says she is comfortable, and confident of a successful result.

STRANGULATED SCROTAL HERNIA, WITH HOUR-GLASS CONTRACTION OF THE SAC.

George Cole, ætat. 40, was admitted on Tuesday, the 1st of September, suffering from an incarcerated scrotal hernia, which had been in a state of strangulation since the preceding evening at eight o'clock. The patient states that he has been the subject of what we ascertain to be omental hernia for thirteen years, and that for the last three months it had become perfectly irreducible; he also mentions having previously had repeated descents of a portion of intestine, and on one particular occasion he had known the bowel to continue unreduced for the space of sixteen hours. In the present instance every prudent means calculated to obviate the necessity for an operation were unavailingly resorted to, and having as a *dernier* resource repeated the employment of the warm-bath with the same unsatisfactory effect, Mr. STANLEY deemed it expedient not to delay any longer the performance of the operation, consequently the patient was transferred from the warm-bath to the operating table, at two o'clock p.m., on Wednesday, the 2nd of September, when Mr. S., assisted by Messrs. EARLE and LLOYD, operated for the relief of the hernia above described.

The external incision through the skin and integuments was commenced a little above the situation of the external angle of the ring, extending downwards to the extent of between four and five inches; the fascia sent off from the tendon of the external oblique muscle, the cellular substance etc. subjacent to the skin, and covering the hernial sac, were consecutively divided by the aid of the knife and dissecting forceps. The fascia covering the sac and the cremaster muscle having been incised, the

hernial sac was completely exposed, which being laid open by a bistoury, its contents, consisting of a considerable portion both of intestine and omentum, were rendered evident to observation. On ascertaining the seat of obstruction to the return of the hernia, it was discovered that no stricture at all existed at the ring, that the impediment purely resulted from a contraction of the sac itself, conjointly with the strangulated portion of omentum, being contained within and adherent to its internal surface. The passage of *one* finger through the ring could easily be effected prior to the return of the intestine; and after its replacement, which was very speedily obtained, as many as *three* fingers could with facility be introduced through the aperture. Mr. Stanley suggested to his colleagues the propriety of excising the strangulated omentum, and of returning the upper portion into the cavity of the abdomen. Mr. Earle having estimated such procedure as inexpedient, it was resolved that Mr. Lloyd's opinion should be deemed decisive, and that gentleman coinciding with Mr. Earle as to the inaptitude of the practice, the omentum was permitted to remain undisturbed, and, accordingly, the edges of the wound were retained in apposition by means of four sutures, regularly disposed, the whole being covered by adhesive straps. The patient was then removed to his bed, stating that the pain attending the operation was trivial when compared with his previous suffering.

Mr. Stanley called the attention of the gentlemen present to the hour-glass contraction of the hernial sac and the omentum adherent thereto, as a circumstance of rather unusual occurrence: he likewise observed, that in accordance with the conjunct intimations of Messrs. Earle and Lloyd, he had, although contrary to the dictates of his own experience, refrained from removing the displaced omentum. He would certainly acknowledge that less local injury was thereby inflicted, and there might exist some chance of the reduction remaining permanent by a subsequent adhesion at the mouth of the ring, but notwithstanding the obnoxious *sequelæ* detailed by his colleagues, as likely to succeed the excision of the omentum, he had never (with a solitary exception) known any prejudicial result to attend its performance. However, be that as it might, in important operations, where the decision of a dubious question affected materially the safety of the patient, he considered it an imperative duty on the part of the operator to submit (in consultation) to the decree of a majority.

COLICA PICTONUM.

John Brick, ætat. 26, a painter, was admitted on the 13th of August. The countenance was truly expressive of pain, the surface hot, the perspiratory transudation copious; pulse 84, attended with a jerk; tongue natural; bowels constricted for three days; exceeding thirst; unremitting pain in the abdomen, much aggravated at intervals, though mitigated by moderate pressure; frequent and tormenting vomitings; paucity of secretion from the kidneys, and high-coloured. He complains of much cramp in the legs. He has had colic at seven distinct periods prior to the present. He suffered from its effects three weeks ago, and had only returned to his work on Monday last. On the succeeding Tuesday, the attack under which he now labours made its accession, and has increased in severity up to the date of his admission. During the last two attacks there has been a very scanty secretion of urine. Ordered *an Enema, two ounces of Castor Oil, with twenty minims of Tincture of Opium; also thirty minims of Laudanum every second hour.* Nearly the whole of the castor oil was ejected from the stomach. The alvine evacuations were freely deposited from the effects of the injection.

14. Pain greatly ameliorated; pulse 90; tongue a little furred; urine scantily voided. *Let him have a warm bath, and the Senna draught, with Tincture of Jalap.* He experienced relief from the bath, but in the after part of the day the pain again recurred; in the evening he had a clyster of castor oil, which produced a very copious evacuation, from which he expressed himself relieved.

15. He complains to-day of very considerable pain in the abdomen aggravated by slight pressure, though assuaged by pressure to a greater extent; tongue whitish; pulse numbers 100; has evidenced a good deal of hiccough to-day, and asserts that his hands have become very weak. *Another enema. Take ten minims of Tincture of Opium every six hours.*

16. Aspect indicative of decided improvement; absence of all abdominal pain; derived considerable benefit from the clyster, which induced one copious deposition; tongue has undergone little alteration; pulse has amounted to 112; urine still voided scantily; hiccough entirely gone. *Ordered an enema in the evening.*

17. Experienced some return of pain last evening, which was removed, the clyster effecting a full excretion from the bowels; the alvine functions have normally acted this morning without the aid of medicine. The abdomen indicates much soreness on contact, which however subsides

under the effect of pressure; tongue slightly brownish; slight nausea; pulse computes 100. Take *ten ounces of blood from the arm.*

18. The blood obtained could scarcely be said to be buffed; the paroxysm of colicky pain seems to have subsided, but he adverts to various parts of his body, such as the bladder, loins, urethra, thighs, chest, &c., as affording him exceeding pain. The evacuations from the bowels are copious, and exhibit a pultaceous character. Acidity is evidently detectable in the urine, which is limpid; no particular relief was obtained from the venesection.

19. Improved to-day sufficient for him to desert his bed; tongue clean; some slight pain still exists at the inferior portion of the abdomen. Bowels excreted twice.

22. One alvine dejection obtained to-day; vomiting and pain totally dispersed; tongue quite natural, and he confesses himself free from any inconvenience.

24. Has been to-day ordered to discontinue the opiate mixture in consequence of an occasional pain traversing the forehead with headache; he has during the last three days voided a preternatural quantity of urine of a pale transparent character.

A day or two subsequently to our last report, being considered in a state of favourable convalescence, and having expressed a desire to return to his friends, he was permitted to depart the hospital. It was ascertained, however, previous to his departure, that he suffered from a stricture of the urethra, though not one of very great urgency.

ST. GEORGE'S HOSPITAL.

HENRY HUMPHRIES, ætat. 25, was admitted, under the care of Mr. Walker, with the following symptoms:—He complains much of a dull heavy pain in the lumbar region of the back, extending from the situation of the kidneys downwards along the course of the ureters. The pain is increased at intervals, and some of the paroxysms he describes as excruciating. He has passed his urine easily, but it is very thick in appearance, had an offensive odour, and deposited, on cooling, a quantity of purulent matter. His general health appears impaired from long suffering. It appears from his statement that he has been afflicted more or less with disease of the kidneys ever since childhood, and within the last three years he has had two attacks similar to the present, but not so severe in their nature. In both these he was treated on a rigorous antiphlogistic plan, and during the last attack he derived great benefit from taking the *Pareiræ Bravæ*.

April 30. ℞ *Extracti Colchici. Acet.* gr. ij; *Pilulæ Saponis c. Opio* gr. v; misce fiat pil. bis quotidie sumend.

℞ *Olei Ricini* ʒvj, cras primo mane sumend.

May 7. He is somewhat relieved, but not materially; and the following medicines were ordered.

℞ *Decocti Pareiræ Bravæ* 0ss, quotidie sumend. Ordinary diet.

9. Perstet in usu medicinæ; adde *Confect. Opii* ʒss. Misturæ.

11. ℞ *Hydrarg. Submuriat.* gr. ij; *Pulvis Opii* gr. ss. Misce fiat pilul. nocte maneque sumend.

15. Omitt. Pil. *Haustus Rhei, Confect. Opii* ʒj. Vespere sumend.

16. He had a violent paroxysm of pain this morning. Applic. hirud. xij regione abdomine, et postea catapl. lini.

℞ *Mist. Camphor.* ʒiss. *Sp. Ammon. Arom.* ʒss. *Tinct. Hyoscyam.* ʒj. bis terve quotid. sumend. Fish diet.

17. R. *Olei Croton. Tiglii* ℥ j statim vespere. Rep. Pil. Ol. Croton. et postea enema com. c. *Olei Ricini.*

18. The abdominal pain and irritation still continue, and he is perpetually vomiting a greenish-coloured bilious fluid.

R. *Ammon. Carbon.* gr. vj; *Haust. Effervesce Ammon.* ʒiss 4tis horis sumend. Lemonade for drink.

19. *Sp. Vin. Gallic.* ʒiij. Empl. lyttæ lateri applic.

R. *Tinct. Opii* ʒij; *Decoct. Amyli* ʒxij. Misce fiat enema statim injiciend. et repet. post horas tres si opus sit.

The vomiting still continues, and the abdominal pain is unabated; his pulse is 120; tongue dry and furred; skin hot and parched.

20. R. *Hydrarg. Submur.* gr. ij ter quotidie sumend.

23. The mouth is slightly affected by the mercury; the pain is abated, and the vomiting has ceased; but there is great excitability in the contractions of the bladder, and he is obliged to pass his water very frequently, and with much pain. The urine is thick, turbid, and offensive in smell.

24. R. *Sp. Juniperi Comp.* ʒij. Roasted slice.

26. He continues much the same, and the pain on micturition is still very great;

a catheter was introduced into the bladder about ten minutes after passing his water, but none was found in the bladder. Applic. hirudines xij perineo.

R. *Liq. Plumbi* ℥xv; *Tinct. Opii* ℥xxx; *Decoct. Amyli* ʒiv. Misce fiat enema omni nocte injiciend. Sumat *Aquæ Vitæ* ʒvj.

29. The injections have somewhat relieved the pain on micturition; the urine, however, still remains thick and offensive. The bowels are very much relaxed.

R. *Confectio Opii* ʒj; *Mist. Cretæ* ʒiss Misce sumat statim et repet. si opus sit.

June 1. He is somewhat improved; the pain on passing his water is less than at the last report; the injections appear to relieve him much, and they are repeated every night.

R. *Foliorum Buchu* ʒj; *Liquoris Potassæ* ʒiv; *Aq. Fervent.is* 0j. Coque ut fiat decoctum dein cola.

R. *Liquoris Colati* ʒij; *Tinct. Hyoscy.* ℥xx; *Tinct. Cinchon. Comp.* ʒj. Misce fiat haust. ter quotidie sumend.

3. An eruption has appeared upon the skin to-day, resembling varicella in its characteristic appearances.

R. *Hydrary. Submur.* gr. iv; *Pulvis Opii* gr. j. Misce statim sumend.

6. The eruption is still increasing, and the pustules are full; but the other symptoms are much relieved. Rep. Calomelanos c. Opio.

R. *Mist. Camphor., Liquor. Ammon. Acet.*, aa. ʒvj; *Tinct. Hyoscy* ℥xx. Misce fiat haust. hora somni sumend.

June 10. The eruption has run exactly through the usual course of varicella, and has got well without any treatment. He has improved so much in his general health within the last fortnight, that he is anxious to go home, and he is therefore to leave the hospital to-day.

HERNIA.

James Stevens, ætat. 70, was admitted on the 21st February, with an incarcerated inguinal hernia of the right side, which he says has been down ever since the early part of the day. It came down whilst he was getting out of bed, and he endeavoured to return it, as he had always been previously enabled to do, but failed. He applied to a surgeon for relief, who employed the taxis for a short time, but unsuccessfully, and advised him to come to the hospital. He has also a hydrocele on both sides, but this he has been subject to for a long period. His general health has been always very good, with the exception of a teasing asthmatic cough, which sometimes inconveniences him. His bowels have not been relieved since yesterday. He is sometimes attacked with pains in the back, but these are not constant. He has always worn a truss for the hernia, which until to-day has always kept it up in its place.

Immediately on his admission he was put into the warm-bath, and remained in for half an hour, and during this time the taxis was diligently applied, but without any effect. He did not complain of much pain, nor was the surface of the hernial tumour at all tense. The symptoms of strangulation are not severe, and the pulse is slow and weak; the tongue dry.

Feb. 22. 8 a.m. He is much in the same state: the bowels have not acted; he has not been sick, nor does he suffer much pain.

12 a.m. He has twice been sick, and vomited a considerable quantity of green bilious stuff. The countenance is more anxious; the pulse very weak; the tongue dry and brown; the bowels still confined.

1 p.m. The symptoms having much increased in urgency within the last hour, the operation was determined upon. It was performed by Mr. Walker in the usual manner, and it was found that a considerable portion of omentum and intestine was strangulated. The omentum was found adherent to the sac, and a portion of it was removed. The strangulated portion of intestine looked healthy, and returned easily upon the stricture being divided. The sac contained a small quantity of dark-coloured fluid. Three small vessels only required securing. The man bore the operation tolerably well. The edges of the wound were brought together by sutures and strapping, and he was removed into an adjoining ward.—*Vini Rubri* ʒiv.

Ten p.m. He feels easy and comfortable, and has had no sickness. The wound is not painful; the bowels have not been relieved. Pulse 75, intermitting.

R. *Vin. Antim. Tart.* ℥v; *Tinct. Camph. Co.* ʒss; *Sp. Ætheris Comp.* ʒj; *Mist. Camphor.* ʒx. Misce fiat haustus 6tis horis sumend.

23. 8 a.m. The bowels have not been relieved since the operation. He feels easy, with the exception of a pain at the lower part of the back, to which he has been subject for some years past. Pulse 75 and weak, intermitting at every fourth beat. Tongue dry; cough rather troublesome.

R. *Tinct. Opii* ℿv; *Olei Ricini* ℨss; statim sumend.

Twelve a.m. Bowels not yet relieved. In other respects he is the same as this morning. Rep. haustus statim sumend.

Four p.m. *Enema Decoct. Hordei* c. *Olei Ricini* ℨj; statim sumend.

Seven p.m. Rep. Enema.

Ten p.m. R. *Pulvis Opii* gr. ss; *Hyd. Submur.* gr. iv; in pil. statim sumend. *Olei Ricini* ℨj post horas quatuor.

24. 7 a.m. *Haustus Sennæ* ℨiss statim sumend. 11 a.m. The bowels have been relieved seven times since the last injection was given him. There is no pain now felt in the abdomen, but the pain in the back remains the same. Pulse weak; tongue dry.

R. *Confect. Opiat.* ℨj; *Sp. Ætheris Co.* ℨj. *Mist. Camphor.* ℨx. Misce fiat haust. statim sumend. et pro re nata repet.

25. The dressings were removed to-day, and on examining the wound for the first time since the operation, it was found that no union whatever had taken place, but the suppurating discharge was healthy. Pulse 80, weak, and intermitting. Tongue dry, as it has been ever since his admission; bowels open.

R. *Magnes. Sulph.* ℨj; *Tinct. Card. Co.* ℨj; *Infusi Rosar.* ℨx. Misce fiat haust. ter die sumend.

26. He continues much in the same state; the cough is still very troublesome; the discharge from the wound is healthy; there is no pain in the abdomen, but the pain in the back is as bad as ever, but there is no appearance on it of either slough or redness. Pulse weak; tongue dry; bowels open.

R. *Sp. Ammon. Co.* ℿxx; *Tinct. Hyoscy.* ℿxx. *Mist. Camphor.* ℨiss. Misce fiat haustus sextis horis sumend.

27. He has been and still is suffering much from dyspnœa and severe irritating cough. The pulse is weak and intermittent; the bowels are confined; the wound is disposed to slough; and he complains much of the constant pain in his back. He is evidently worse to-day than he has been at any time since the operation.

R. *Oxymellis Scillæ, Tinct. Camphor Co.*, aa. ℨj; *Aquæ Menth. Pip.* ℨx. Misce fiat haust. hora somni sumend.

28. He is much worse to-day; the powers of the constitution are failing, and he is evidently sinking. Pulse feeble and weak; tongue dry; wound sloughy, with but little discharge; the pain in the back still remains severe, but he does not complain of any pain in the abdomen.

March 1. Obilt.

Sectio Cadaveris, twenty-four hours post mortem.

Thorax. — There was a considerable quantity of fluid, with which were mixed some flakes of lymph, in the left lateral cavity, with a few slight adhesions; the lungs were healthy; the structure of the walls of the heart presented no abnormal appearance, but the cavity of the left ventricle was nearly filled up by a large coagulum, deprived of its colouring matter; the valves of the heart were healthy. On examining the strangulated portion of intestine, a small knuckle of the smaller gut appeared slightly turgid; there was no appearance of separation of the ligatures from that portion of omentum to which they were attached. All the other abdominal viscera were healthy, and nothing could be observed to account in any degree for the extreme severity of the pain of which he complained in his back.

CONGENITAL ENCYSTED TUMOUR.

James Mann, an infant, aged sixteen months, a fine healthy-looking child, had a soft tumour at birth, situated over the rectus muscle, of about the size of a walnut, which gradually increased until it attained the size of an orange. It was soft and pulpy, and gave an indistinct sense of fluctuation to the fingers upon pressure. It was punctured with a small needle, when a clear colourless fluid escaped, and the tumour diminished one half in size. Soon afterwards, however, it rapidly increased, and in three weeks attained to a magnitude double the size it was previous to its being punctured. It was then determined to dissect it out by two elliptical incisions, when it was found to be of an encysted character, with various internal compartments or bands passing from one side to the other, and dividing it into several cells, all communicating with one another. The tumour was found to be attached to the fascia covering the anterior surface of the rectus muscle, a little to the right of the median line. The wound healed in a short time without a single bad symptom.

INFLAMMATION OF THE TESTES FROM THE PRESSURE OF A TRUSS.

Thomas Bennett, ætat. 26, was admitted under the care of Mr. WALKER. He states that he has been subject to inguinal hernia

of the right side for the last twelve years, and for which he has worn a truss; and recently, within the last few months, he has worn a double truss, under the impression that he was likely to have a hernia on the opposite side also. Within the last three weeks he has felt some painful sensations along the course of the chord on either side, and also in the body of the testes. This has increased, and the testes have been growing larger than natural. He can give no satisfactory cause for this abnormal state; he has never had any venereal complaint, nor received any blow upon the part. He says that the truss fits him tightly, and it appears to be the pressure of this upon the vas deferens which has caused inflammation to spread to the testis.

R. *Decoct. Sarsæ Co.* 0ss. *Lig. Hydrarg. Oxymur.* ʒvj quotidie sumend. Hirudines xij testi applic., et postea cataplasma lini.

R. *Unguent. Hydrarg. Fort.* ʒj; *Potassæ Hydriodatis* ʒj. Misce fiat ung. scroti applicand.

He continued the above remedies for two months. Ptyalism was produced; the testes regained their natural structure and size, and he left the hospital quite cured.

TUMOUR OF THE BACK.

Mary Anne Melvin, ætat. 22. From the history which she gave of her case to Mr. WALKER, it appeared that about eleven months since she was attacked with pain over the inferior angle of the right scapula, which extended by darting pains through the same side. Three months after the occurrence of the first pain, she perceived a small swelling just below the original seat of pain. She was then under the care of Mr. PITMAN, of Andover, who applied a plaster over the tumour. The swelling, however, gradually increased, and at the end of a period of five months the tumour was punctured by Mr. PITMAN, and then closed, after it had discharged about eight or ten ounces of fluid. She was then sent up to town to Mr. WALKER to be placed under his care in the hospital.

March 19. She was put upon the alkaline infusion of sarsaparilla with steel wine, and as the surface and extent of the tumour had now greatly increased (the base of it extending as low as the last dorsal vertebra), Mr. WALKER punctured it, and let out rather more fluid than at the first operation. The fluid contents of the tumour were of a milky semi-transparent character, resembling in appearance the turbid white of an egg, having flakes of lymph floating in it. A poultice was applied over the opening, and a graduated compress over the upper part of the tumour.

April 14. The size of the tumour is very much diminished, and the quantity of discharge very much decreased.

She was put upon steel and sarsaparilla, which she continued for some time; the discharge from the tumour decreased gradually, and she improved very much in health. In time the discharge from the tumour ceased, and there was no evident mark of any return. She was discharged in June quite cured.

BOOK RECEIVED.

The Cyclopedia of Anatomy and Physiology. Edited by Robert B. Todd, M.B. Part 2. Sherwood: August, 1835.

In the press and shortly will be published, by Mr. Schloss, Great Russell-street, "The Anatomy of the Nerves and Vessels of the Head, Neck, and Chest, intended as a Guide for the Student in his Dissection of those parts. By EDWARD COCK, Demonstrator of Anatomy at Guy's Hospital."

CORRESPONDENTS.

If *Juvenis* wishes for information on the subject, he may purchase a work which develops the doctrine, at some one or other of the medical booksellers. English practitioners would be no *wiser* by understanding it.

A Chemist and Druggist builds but a lame defence of his brethren as medical advisers and dispensers, on the errors of licensed practitioners. Were the basis of his comments better laid, we might have given insertion to a communication from him. Let him remember that we also condemn incompetent *licensed* practitioners, and are ever willing for the public good to expose the mischief they may create in public practice.

"No. 2" ought to be flogged right well for pouring such floods of words into his

sentences. He may be offended if he will; but we tell him candidly, that our opinion is altogether against such a waste of good language; and if he will not restrain himself within the limits of a simple enumeration of facts, he will fail to render any service to the cause he wishes to aid in advocating. We are sorry to say this to so zealous and able a gentleman; but years of experience have, we are satisfied, rendered us competent to pronounce a sound verdict on his MSS., whatever may be his own opinion thereof.

Note.—The book whence the quotation at the bottom of col. 1, page 727, of a late Number, was made, was accidentally omitted to be stated as the work of Dr. M'Cormac on Fever.

The Bury and Norwich Post has reached us.—*Mr. Mart.* The paper was mislaid, but has been recovered.—The rumour stated by Δ cannot be true.—Many calls have been made by Correspondents on the class of medical assistants, in vain, and we see no greater chance of a response to the appeal of our last Correspondent on the subject of their grievances. A good plan should be organized and then made known. It is useless to proceed in any other way.—*A. K.*'s letter has come to hand.

Erratum.—In the superscription to the analysis of Dr. Rosas's ophthalmalogical report in The Lancet of August 22, page 673, the word "Wiener" should be read *Wien* (or Vienna).

METEOROLOGICAL REPORT.

(*Extract from a Meteorological Journal kept at High Wycombe.*

Lat. 51° 37′ 44″ North, Long. 31° 45″ West.)

Days.	Thermometer.		Barometer.		Rain.		Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.	Ins.	Dcls.		
Aug. 31	69.50	42.25	29.82	29.81	—		W.	Fine throughout the day.
Sept. 1	70.50	37.25	.91	.74	—		N.E.	Fine.
2	74.	40.50	.95	.94	—		E.	Fine.
3	76.50	52.	.86	.67	0.2		S.E.	Dull with slight rain.
4	76.50	56.	.57	.54	0.15625		S.	Rain in evening and night.
5	74.	49.25	.78	.61	—		N.W.	Fine.
6	75.	45.25	.85	.83	—		S.E.	Fine.

Sept. 7, 1837. W. Jackson.

Thermometer .. Highest .. 85,50 .. the 11th.
Lowest .. 38,75 .. 29th.
Mean .... 59,31854.
Barometer .... Highest .. 30,07 .. the 9th.
Lowest .. 29,27 .. 21st.
Mean .... 29,73924.

Number of days of rain, 4. Quantity, in inches and decimals, 0,39375.

Winds—4 East; 3 West; 2 North; 4 South; 6 North-east; 2 South-east; 0 South-west; 10 North-west.

The 11th of the month was the hottest day that has occurred in any August during the last 13 years, the maximum of temperature being higher than that of any of the corresponding months. Yet the *mean* temperature has been exceeded three times during that period, in the same month of that number of years; and in the last year it was upwards of two degrees higher. The whole quantity of rain was less than in any August in the space of time above referred to. Rain fell but once between the 11th of July and the 22nd of August; and many days were entirely cloudless. The barometer was higher than at any time since 1827. The wind chiefly came from the North and North-west.